



AMERICAN BOARD OF FORENSIC DOCUMENT EXAMINERS, INC.

APPLICATION FOR RECERTIFICATION IN DOCUMENT EXAMINATION

INSTRUCTIONS TO APPLICANT: Please type or print all information. Each item in the application must bear an entry; state "None" if it is applicable.

NAME _____

ADDRESS _____

Certificate Number _____

Date of Certification _____

HOME PH. _____

BUSINESS PH. _____

E-MAIL _____

1. List employers from the last five years, starting with your most recent position. If necessary, use extra sheets of paper for additional employer information. Identify the material being furnished and show your name and address on each sheet.

Employer _____

Position/Title _____ Length of time in position _____

Supervisor (include address and phone number) _____

Exact nature of duties _____

2. Indicate the types of forensic document examinations conducted and/or other duties relating to the field of forensic document examination performed in the last five years.

- Handwriting Typewriting Alterations/Obliterations Indented Writing Ink
 Printing processes Office Equipment Other types of exams (specify) _____
(copiers, faxes, etc.)
 Other duties, such as research, supervisory, etc. (specify)

3. Attach most current Notice of Points Awarded (NOPA) Form and, if necessary, a completed Annual Update Form with supporting documentation for this year.

AFFIRMATION TO ABIDE BY THE CODE OF ETHICS

The American Board of Forensic Document Examiners requires all applicants for re-certification to possess and maintain integrity and a good reputation in his/her profession. By affixing your signature below you agree to abide by the Code of Ethics and Professional Conduct as defined in the American Board of Forensic Document Examiners Rules and Procedures Guide.

Signature

Date