



# 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 \_\_\_\_\_

Certificate Number _____
Date of Certification _____

ADDRESS \_\_\_\_\_

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