



Georgia Peace Officer Standards & Training Council
Application for Identification Technician Certification

Demographic Data – Section I

Last Name		Social Sec#
First Name		Date of Birth (mm/dd/yyyy)
Middle Name		Suffix
Race	Sex	
E-MAIL ADDRESS	Phone Number	
Employing Agency		
Agency Street Address		
City:		State:

Education – Section II

List the highest level of educational attainment. If you are a GA certified peace officer and your highest level is a high school diploma, you do not need to attach a copy of your diploma. Any diplomas for degrees must be attached.

Highest Level of Education (select one)	Graduation Date of Highest level
College/University/School Name for Highest Level of Education	

Training Requirements – Section III

Please indicate which of the following requirements that you have completed. You **must** indicate the Vendor/Academy that you attended and the Date of Completion of the course. All of these requirements are necessary for certification. You **must** also attach certificates for all of your completed courses listed below.

Date of Course Completion	Course Fingerprint Classification (40 Hrs)	Vendor/Academy
Date of Course Completion	Course (circle which one completed below): Fingerprint Advanced Fingerprint (40 Hrs) or FBI Latent Print Identification (24 Hrs) & FBI Latent Print Development (24 Hrs)	Vendor/Academy
Date of Course Completion	Course Crime Scene Technician (40 Hrs)	Vendor/Academy
Date of Course Completion	Course Evidence Presentation (16 Hrs)	Vendor/Academy
Date of Course Completion	Course Photography for Criminal Investigations (40 Hrs)	Vendor/Academy
Date of Course Completion	Course Privacy & Security Act (4 Hrs)	Vendor/Academy



Experience – Section IV

I certify that I have at least one year experience as a full-time I.D. Technician with:

Employing Agency

Start Date
(mo/year)

To (end of one year period)
(mo/year)

Training & Internship – Section V

ID Tech applicant has completed a forty (40) hour internship with a certified I.D. technician. The internship was completed with the certified I.D. technician listed below. The technician's signature is required as verification of completion of the required internship.

Technician's Full Name (First, Middle Initial, Last)

GA POST Cert
Tech ID#

Name of Certified ID Tech's Current Agency

Technician's Signature

Attestation – Section VI

I hereby attest and affirm that the information contained herein is complete, true, and correct to the best of my knowledge.

Signature of Applicant

Date

Supervisor/Employer Attestation – Section VII

I hereby attest & affirm that this application is accurate and this applicant has completed the training requirements of at least one year of full-time experience and has served a forty (40) hour internship under the certified I.D. Technician listed in this application,

Print Title & Name of Agency Representative making request for I.D. Tech Recognition for this applicant.

Signature of Agency Representative

Date