



Application for Identification Technician Certification

Applicant: _____ Last First MI

Social Security Number: _____ / _____ / _____

Agency: _____

_____ Address City Zip Code

1. The following training requirements have been completed by the applicant:

Table with 4 columns: Course Name, Hours, Vendor/Academy, Date. Rows include: A. Fingerprint Classification (40), B. FBI Advanced Fingerprint or FBI Latent Print Identification and FBI Latent Print Development (40, 24, 24), C. Crime Scene Technician (40), D. Evidence Presentation (16), E. Photography for Criminal Invest. (40), F. Privacy and Security Act (04).

2. I certify that I have at least one year experience as a full-time I.D. Technician with _____ . From: ____ / ____ / ____ To: ____ / ____ / ____

3. I completed my training requirements and served a 40 hour internship under certified I.D. Technician: _____ . SSN: _____

OR

4. I have served a 40 hour internship in the full time identification unit of:

_____. From: ____ / ____ / ____ To: ____ / ____ / ____

5. I have completed six (6) months probationary requirements covering the following periods: _____

_____ Applicant's Signature

_____ Date

Attestation of Supervisor/Employer

I, _____ / _____ / _____
Name Title SSN

_____ do attest that applicant _____
Department Name

_____ has completed the training requirements, and has
(check one) [] at least one year full time experience or [] served a 40 hour
internship under a certified I.D. Technician.

Technician: _____ SSN: _____

_____ I.D. Tech. Cert. Number

and I further attest the applicant has satisfactorily completed a six (6) month
probationary period as an I.D. Technician with this agency.

Signed: _____ Date: _____

Approved: _____ Date: _____



When completed, mail to:

*Georgia Peace Officer Standards and Training Council
P.O. Box 349
Clarkdale, GA 30111
(770) 732-5974*

.....
FOR POST USE ONLY
.....

Circle one: *Approved Disapproved* Date: _____

Certification Number Issued: _____