Application
Certified Crime Scene Investigator

Application Type: check one appropriate box. The applicant must attach all required documentation as required in the CSI Certification (rules and procedures).

New Applicant ☐ Re-certification ☐ Date of Application:

Applicant Identification Information

Last Name	First Name	MI	SSN

Agency Name	City	Zip Code	Phone Number
			( ) -

Sworn ☐ **Civilian** ☐ **E-mail:** Other phones ( ) -

Primary Duties: ☐ **Crime Scenes** ☐ **Detective** ☐ **Patrol** ☐ **Other**_____

Training / Qualifications: if you attended a comprehensive school covering multiple topics, just list the school. Attach the curriculum with the hours of each topic to this application. **Continue on back**

School (class) Name	Location	Hours	Date taken

LETB USE ONLY *Do not Write Below This Line* **LETB USE ONLY**

Application **Letter of Confirmation** **Training** **Cases**

Application: **Approved** **Rejected (reason)** _____

Proficiency Test Date: _____ **Proficiency Test:** **Passed** **Failed (reason)** _____

Recommended for Certification: ____ **Yes** _____ **No** **Expiration Date:** _____