



International Association of Arson Investigators
Application for
Evidence Collection Technician
(IAAI-ECT)



Practical Examination: Date: _____ Location: _____
NFA Reciprocity Application

IAAI Member No.: _____
Membership in the IAAI is not required. This information is requested to assist the staff in processing the application.

Last Name: _____ First Name: _____ M.I.: _____

Company: _____

Address: _____ Home Work Apt. No.: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone/Cell: _____ Email: _____

Note: It is not required that an applicant be a member of the International Association of Arson Investigators. This information is solicited to assist the office staff in processing applications.

Payment: IAAI Members: \$280.00 (USD)
Non-Members: \$490.00 (USD)
NFA Reciprocity IAAI Members: \$125.00 (USD)
NFA Reciprocity Non Members: \$325.00
(USD) *Join the IAAI Today!* www.firearson.com

Complete credit card payment page included in the application.

or

Make checks payable to IAAI.
Send to:
IAAI-ECT
2331 Rock Spring Rd.
Forest Hill, MD 21050
IAAI-ECT@firearson.com

By submitting this application to the IAAI, **with all required documentation**, either via mail or electronic communications, the applicant certifies this information to be true and correct to the best of their knowledge and certifies that they have read and understand the program requirements. For electronic submissions, the accompanying e-mail will be considered as the applicant's signature and certification of the application. The intentional submission of false information as part of this application will be cause for immediate rejection of the application and potentially subject the applicant to other penalties, including removal of IAAI member benefits.

Applicant's signature: _____

Date: _____

Required Training:

Mandatory classes from CFITrainer.net:

- DNA (3 hours)
- Documenting the Event (4 hours)
- Ethics and the Fire Investigator (3 hours)
- Evidence Examination: What happens at the Lab (4 hours)
- Introduction to Evidence Module (4 hours)
- NFPA 1033 and Your Career (2 hours)
- Physical Evidence at the Fire Scene (4 hours)
- The Practical Application of the Relationship Between NFPA 1033 and NFPA 921 (2 hours)
- The Scientific Method for Fire and Explosion Investigation (3 hours)

Please provide a CFITrainer.net transcript indicating completion of all required training and attach to the application as a PDF file.

Work Experience:

Please provide information regarding your work experience documenting a minimum of 18 months of general experience in the fire investigation industry.

Employer: _____
Supervisor: _____
Phone Number:() - _____
ADDRESS 1: _____
ADDRESS 2: _____
CITY: _____ STATE: _____ ZIP CODE: _____
Years of Experience: _____ From: _____ To: _____

Certification letter from employer attached?

Certification of your employment (including length of time) and certification that you participated in the collection of the listed evidence should be included in the certification letter submitted by your employer. All events submitted as part of this application must have been conducted in the past five (5) years.

Specific Work Experience:

The applicant shall provide adequate documentation to support this experience such as a letter of certification from an employer containing a minimum of the location of the examination, date of the examination, and particular type(s) of evidence collected. Active participation includes the collection of evidence in a supervisory capacity or as part of a team or multi-party examination so long as the applicant was engaged in the identification, collection, and documentation procedure. For the purposes of this program, forensic evidence is evidence that can undergo some form of scientific testing or evaluation and specifically excludes documentary evidence such as photographs.

A sample letter is available to ensure all required certification is provided. All events submitted as part of this application must have been conducted in the past five (5) years.

| Location | Date | Evidence Collected |
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IAAI-ECT Application

Applicants Last Name: _____

Payment method: VISA MC AMEX Check No.: _____ P.O. No.: _____

Card Number: _____ Security Code: _____

Name on Card: _____ Expiration Date: _____

Billing Address (*if different from above*): _____

Signature: _____