



# IAAI-ECT

## Renewal Application International Association of Arson Investigators Evidence Collection Technician

IAAI Member No.: \_\_\_\_\_ Date: \_\_\_\_\_  
*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: \_\_\_\_\_

Application will be processed once payment is received.

Please contact our office if you have any questions. IAAI-ECT@firearson.com or 410-451-3473

By submitting this application to the IAAI, **with all required documentation**, 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. 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:** \_\_\_\_\_

**WORK EXPERIENCE:** You must document a minimum of an additional 18 months of general experience in a fire investigation related industry acquired during the preceding 3 years. Please provide documentation to support your experience such as a letter from your employer or employment records.

Current Employer:		Office Use Only
Position		
Address:		
Phone:	Supervisor:	
Years of Experience	Dates: From: To:	
Letter from employer must be attached		
Previous Employer:		Office Use Only
Position		
Address:		
Phone:	Supervisor:	
Years of Experience	Dates: From: To:	
Letter from employer must be attached		

**TRAINING & EDUCATION:** Please provide information regarding the training courses that you are submitting in support of your renewal application for the Evidence Collection Technician. **Course transcripts or certificates of training will be accepted as documentation for the training requirement so long as the transcript or certificate clearly indicates the training was tested.** All documentation will be subject to approval. Additional pages may be attached if necessary.

NOTE: Training must have been completed within the past 3 years.

Course Title	Date	Tested Hours	Office Use Only
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
<b>Total Tested Training Hours (Minimum of 24):</b>			

