

## **AMERICAN ACADEMY OF FORENSIC SCIENCES**

410 N. 21st Street · Colorado Springs, CO 80904 · (719) 636-1100 · Fax (719) 636-1993

**FEPAC** Form 5.5 (On-site Evaluator Application)

## Application to be an On-Site Evaluator

| Name:                     |                                   |                                                                                                        |  |
|---------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------|--|
| Title:                    |                                   |                                                                                                        |  |
| Address:                  |                                   |                                                                                                        |  |
| Telephone:                |                                   | Fax:                                                                                                   |  |
| e-mail:                   |                                   |                                                                                                        |  |
| Place of Employn          | nent:                             |                                                                                                        |  |
| Employer's Addi           | ress (if different from above add | ress):                                                                                                 |  |
|                           |                                   |                                                                                                        |  |
| Please check the          | type of site evaluator position f | or which you are applying:                                                                             |  |
| Forens                    | sic Science Academician           | Forensic Science Practitioner                                                                          |  |
| e-mail), and telep        | 1 0 0 0                           | a vitae/résumé and the names, addresses (including<br>onal references that FEPAC may contact regarding |  |
| Reference #1:<br>Address: |                                   |                                                                                                        |  |
| Telephone:<br>e-mail:     |                                   |                                                                                                        |  |
| Reference #1:<br>Address: |                                   |                                                                                                        |  |
| Telephone:                |                                   |                                                                                                        |  |
| e-mail:                   |                                   |                                                                                                        |  |
|                           |                                   |                                                                                                        |  |
| Signature of Apr          | <br>licant                        | Date                                                                                                   |  |

Please complete this form and submit it (fax or mail) to the AAFS by May 1st (Attn: FEPAC).



Email: membship@aafs.org Web Site: http://www.aafs.org Federal ID Number: 87-0287045