



EVIDENCE PHOTOGRAPHER CERTIFICATION APPLICATION

EPIC Membership # _____

PERSONAL INFORMATION

Mr. Mrs. Ms. Dr. Rev.

First: _____ Middle: _____ Last: _____

Suffix: _____ Title: _____

Company: _____

CONTACT INFORMATION

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary E-mail (must submit to complete registration): _____

Secondary E-mail: _____

Web site Address: _____

Primary Phone: _____ Secondary Phone: _____ Fax: _____

Check here if you do not wish to have your contact information listed online

DEMOGRAPHICS

Male Female Birth Year: _____

Number of years in Photography: _____ Number of years in Forensic Photography: _____

Education: _____ Degrees/Certificates: _____

Area of Expertise: Law Enforcement Civil Evidence Both

SPECIALTIES *(Please check all that apply to the type of work that you do)*

- | | | |
|--|--|---|
| <input type="checkbox"/> AC Accident Reconstruction | <input type="checkbox"/> IR Infrared & UV | <input type="checkbox"/> QD Questioned Documents |
| <input type="checkbox"/> AE Aerial | <input type="checkbox"/> LA Latent Prints | <input type="checkbox"/> RA Radiography |
| <input type="checkbox"/> BA Ballistics | <input type="checkbox"/> MI Microphotography | <input type="checkbox"/> SD Student |
| <input type="checkbox"/> BI Biological & Medical | <input type="checkbox"/> MO Micro Picture | <input type="checkbox"/> SV Surveillance |
| <input type="checkbox"/> CR Crime Scene | <input type="checkbox"/> PE Physical Evidence | <input type="checkbox"/> TI Time Lapse, High Speed |
| <input type="checkbox"/> FB Forensic Lab | <input type="checkbox"/> PM Photomacrography & Photomicrography | <input type="checkbox"/> UW Underwater |
| <input type="checkbox"/> FI Fire Investigation | <input type="checkbox"/> PH Photogrammetry | <input type="checkbox"/> VI Videotape |
| <input type="checkbox"/> GE General | <input type="checkbox"/> PR Industrial & Product Liability | <input type="checkbox"/> XX Other _____ |
| <input type="checkbox"/> IN Injuries | | |

EDUCATION/TESTING

- \$1,285** Complete Package.....6 days of Education with Exam
- \$ 495** Part 1 Education/Exam.....1.5 days of Education followed by part 1 Exam
- \$ 495** Part 2 Education/Exam.....1.5 days of Education followed by part 2 Exam
- \$ 495** Part 3 Education/Exam.....1.5 days of Education followed by part 3 Exam
- \$ 695** Complete Exam without Education

LOCATION

- Phoenix, AZ - January 8-13, 2009
- Atlanta, GA - March 22-28, 2009
- Nashville, TN - January 7-12, 2010

- **Current EPIC members will receive a \$125 discount on above prices**
- **FREE Annual EPIC Membership when you enroll in education**
- **Application for education/testing is valid for (2) years**
- **LIMITED TIME OFFER: \$300 Application fee has been waived**
- **There is no additional fee for image submission**

PAYMENT INFORMATION

- CHECK Account # _____
- VISA Name that appears on card: _____
- MASTERCARD Exp. Date (MM/YY): _____
- AMERICAN EXPRESS Cardholder's Signature: _____

Return this application with payment to: EPIC
229 Peachtree Street NE
Suite 2200
Atlanta, GA 30303

Customer Service: 866-868-EPIC (3742)
Fax: 404-614-6400

