
Application for Certified Fire Investigator

(For use by United States and Canada)

| | |
|---|---|
| Name: _____ | Date of Birth: _____ |
| IAAI International Membership Number: _____ | |
| Identification Number (SS#,SIN or likewise): _____ | |
| Home Address: | _____ |
| | (street) |
| | _____ |
| | (City) (State/Province/Territory) (zip/postal code) (Country) |
| Job Title: | _____ |
| Job Description: | _____ |
| Place of employment Name: | _____ |
| | _____ |
| | (Street) (City) (State/Province/Territory) (zip/postal code) |
| Business Phone: _____ | Fax: _____ |
| Home Phone: _____ | Fax: _____ |
| E-Mail: _____ | |
| Correspondence Address | <input type="checkbox"/> Home <input type="checkbox"/> Office |

Place a check mark if you require to take the U.S. or Canadian Testimony Course.

Note: Applicants are required to have completed the Testimony Course or provide evidence of being an approved expert witness by the Canadian legal system. Applicants may also qualify by completing the IAAI Expert Witness Testimony course or the ATF Courtroom Testimony course.

EDUCATION

Highest Level of Education Achieved:

Check only one (1) of the following eleven (11) fields related to fire investigation including Fire Sciences, Engineering, Physical Sciences and Law Enforcement. The fields of Education, Mathematics and liberal Arts do not qualify as fire investigation related.

Courses taken in pursuit of a degree, when the degree has not been conferred, should be claimed in the training section of this application. However, if you claim points for a degree, do not claim points in the training section for those courses completed to attain the degree.

AUSTRALIAN EDUCATION OR RECOGNIZED EQUIVALENT:

- | | | |
|-----------|---|---------|
| _____ 1. | High School Graduate, G.E.D. Certificate or Equivalent (Cegep-Quebec) | 10 pts. |
| _____ 2. | One Year Certificate in Fire Investigation | 12 pts. |
| _____ 3. | Associate Degree in field <u>unrelated</u> to Fire Investigation | 12 pts. |
| _____ 4. | Associate Degree in field <u>related</u> to Fire Investigation | 20 pts. |
| _____ 5. | Bachelors Degree in field <u>unrelated</u> to Fire Investigation | 20 pts. |
| _____ 6. | Bachelors Degree in field <u>related</u> to Fire Investigation | 30 pts. |
| _____ 7. | Masters Degree in field <u>unrelated</u> to Fire Investigation | 25 pts. |
| _____ 8. | Masters Degree in field <u>related</u> to Fire Investigation | 40 pts. |
| _____ 9. | Doctoral Degree in field <u>unrelated</u> to Fire Investigation | 30 pts. |
| _____ 10. | L.L.B. or J.D. | 45 pts. |
| _____ 11. | Doctoral Degree in field <u>related</u> Fire Investigation | 50 pts. |

Attach diploma only for unrelated degrees.

Attach diploma and transcript for related degrees.

Total Education Points Claimed: _____
(Minimum of 10 pts. Required – Max. of 50 pts.)

EXPERIENCE – FULL/PART-TIME

Full and Part-time Investigator

12. Full-Time Fire Investigator 10 pts. Per Year

Investigators working 52 weeks per year or a minimum of 1,500 hours per year, including vacation and sick leave, etc.

13. Part-Time Fire Investigator 8 pts. Per Year

Investigators working less than 1,500 hours per year in fire investigation and Able to document (with letters from supervisors or employers) an average of Twelve (12) fires worked or 250 hours (31 days) of active fire investigation duties per year.

To claim points for a job or position, complete the information requested below. List relevant employment in reverse chronological order. Make sure you write the appropriate line number from above where indicated. You must include letters attesting to your employment experience and job responsibilities for the points you claim (see Documentation Requirements page).

| | | Total Years | Points Claimed |
|--------|---|------------------|------------------|
| Line # | Employer's Name _____ Employment Dates(m/y) _____ | | |
| | Address _____ | Full-Time | 10 pts/yr |
| | Job Description _____ | Part-Time | 8 pts/yr |
| _____ | | | |
| Line # | Employer's Name _____ Employment Dates(m/y) _____ | | |
| | Address _____ | Full-Time | 10 pts/yr |
| | Job Description _____ | Part-Time | 8 pts/yr |
| _____ | | | |
| Line # | Employer's Name _____ Employment Dates(m/y) _____ | | |
| | Address _____ | Full-Time | 10 pts/yr |
| | Job Description _____ | Part-Time | 8 pts/yr |
| _____ | | | |
| Line # | Employer's Name _____ Employment Dates(m/y) _____ | | |
| | Address _____ | Full-Time | 10 pts/yr |
| | Job Description _____ | Part-Time | 8 pts/yr |
| _____ | | | |

Total Full/Part –Time Experience Points Claimed _____
(Minimum of 40 points required)

EXPERIENCE – OTHER (Page 1)

Other Experience

- | | | |
|-----|--|----------------|
| 14. | Direct Active supervision of two (2) or more <u>full-time</u> fire Investigators (<u>Do not</u> claim credit here unless you were actively involved in fire investigation during that time period) | 8 pts per year |
| 15. | Direct active supervision of two (2) or more <u>part-time</u> Fire Investigators (<u>Do not</u> claim credit here unless you were actively involved in fire investigation during that time period) | 4 pts per year |
| 16. | Non fire, full-time Criminal Investigator | 1 pt per year |
| 17. | Firefighter or Law Enforcement Officer (Patrolman) | 1 pt per year |
| 18. | Fire Department Lieutenant, Police Department Sergeant or above | 1 pt per year |
| 19. | Evidence Technician (Full-Time Only) | ½ pt per year |
| 20. | Private Investigator (Non-Fire) | ½ pt per year |
| 21. | Fire Insurance Adjuster | ½ pt per year |

List the employer's names, dates of employment, location and job description for all related employment. You must include letters attesting to your employment experience for the points you claim. Please list these items in reverse chronological order. Write the line number from above in the space on the left.

| | | Total Years | Points Claimed |
|--------|--|------------------------|---------------------------|
| Line # | Employer's Name _____ Employment Date _____ Address _____ Job Description _____ _____ | | |
| Line # | Employer's Name _____ Employment Date _____ Address _____ Job Description _____ _____ | | |
| Line # | Employer's Name _____ Employment Date _____ Address _____ Job Description _____ _____ | | |

(Please make copies as needed)

Page 1 Experience Points Claimed _____

EXPERIENCE – OTHER (Page 2)

Other Experience

22. Book published on subject directly related to the investigation of fire or explosions. 25 pts per book
List the title and publisher's name for all books authored and attach copy of copyright page, with Library
Of congress Catalog Number.
23. Paper/Article published on a subject directly related to the investigation of fires
or explosions. 1 ½ pts per each
(Maximum of 10 pts)
List the title and publisher's name for all authored materials and attach a copy of the article page
Which shows the journal name, date, article title and your name.
24. Lecture taught on fire investigation ½ pt per contact hour
(Maximum of 20 pts)
List the locations, dates and topic of each lecture taught. Attach attestation letters from program manager.
25. Membership in professional organizations directly related to fire investigations ½ pt per year
(Maximum of 10 pts)
List the organization, total years as a member and current status in the Description field.

| Line Number | Description | Total Hours (If Applicable) | Points Claimed |
|----------------|-------------|--------------------------------|-------------------|
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(Please make copies if additional space is needed)

Page 2 Experience Points Claimed _____

EXPERIENCE – OTHER (Page 3)

Other Experience

26. A Per occasion testified as an expert witness regarding the point of origin or cause of fire or explosion. 5 pts per occasion
or

26. B If you have completed the IAAI, ATF or Australian Testimony course, attach your diploma to this sheet and check the box. For points claimed, put 10 points in the space at the bottom for "Page 3 Experience Points Claimed."

Please list the location, date and case identification number for each trial/deposition/hearing. Attach a letter of attestation. (Usually, letters from prosecutors or attorneys are submitted on their letterhead.)

| | | |
|----------------|------------|-------------------|
| Location _____ | Date _____ | Points Claimed |
|----------------|------------|-------------------|

Case Identification Number _____

| | | |
|----------------|------------|--|
| Location _____ | Date _____ | |
|----------------|------------|--|

Case Identification Number _____

| | | |
|----------------|------------|--|
| Location _____ | Date _____ | |
|----------------|------------|--|

Case Identification Number _____

| | | |
|----------------|------------|--|
| Location _____ | Date _____ | |
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Case Identification Number _____

| | | |
|----------------|------------|--|
| Location _____ | Date _____ | |
|----------------|------------|--|

Case Identification Number _____

| | | |
|----------------|------------|--|
| Location _____ | Date _____ | |
|----------------|------------|--|

Case Identification Number _____

Page 3 Experience Points Claimed _____
(Maximum of 30 points – Minimum of 10 points required)

TOTAL POINTS FOR "EXPERIENCE – OTHER" (PAGES 1-3) _____

TOTAL POINTS & REFERENCES

Total Education Points Claimed (10 points Minimum/50 points Maximum) _____

Total Full/Part – Time Experience Claimed (40 points Minimum) _____

Total Other Experience Points Claimed (10 points must be from testimony) _____
If you requested the IAAI Testimony course, write "TCR" next to the space.

Total Training Points Claimed (20 points Minimum/90 points Maximum) _____

Total Points Claimed For This Application _____
(150 Points is the minimum to be eligible to challenge the examination)

References

List three (3) references who can attest to your background and experience as an investigator:

1. **Name:** _____ **Title** _____
Address _____
(City) (Zip/Postal Code) (Country)
Phone _____

2. **Name:** _____ **Title** _____
Address _____
(City) (Zip/Postal Code) (Country)
Phone _____

3. **Name:** _____ **Title** _____
Address _____
(City) (Zip/Postal Code) (Country)
Phone _____

Have you ever been convicted of a felony or are there any criminal charges now pending against you?

Yes _____ No _____

I, _____, certify that all information contained in this application, including attachments, is accurate and truthful, to the best of my knowledge, and that I am aware that any false entry will be considered sufficient cause for revocation of my certification at any time during the certification term. I agree that at any time during the term of certification any improper conduct on my behalf will result in a committee hearing to determine if my certification should be revoked. I agree to accept the decision of the certification committee as to my eligibility for certification. I authorize verification of all information and references in this application. I also release all concerned from any liability arising from this application or certification.

Signature _____ Dated _____