

Law Enforcement and Emergency Services Video Association, Inc.

**Application for Entry to the
Forensic Video Analyst Certification Program**



PRINT CLEARLY

Name _____ Title _____

Organization _____

Address _____

City, State (Prov.) Zip (Postal) Code _____

Phone _____ Fax _____

E-mail address _____

Qualification Criteria: I successfully completed LEVA's basic *Level 1: Forensic Video Analysis and the Law* course in the year _____. I am a full-time employee of a bonafide government agency and my responsibilities involve the processing of video images for investigation purposes. Or, I am a full-time employee of a non-governmental agency and my duties regularly include the processing of video images. I further acknowledge I have read, understand and will abide by the LEVA Forensic Video Analysis Certification Code of Ethics.

SIGNATURE OF APPLICANT

DATE

Signature of senior agency officer attesting to the accuracy of the information provided.

SIGNATURE

TITLE

IMPORTANT INSTRUCTIONS

Complete this application form and FAX along with a current CV or Resumé to
LEVA Training VP, Mr. Jan Garvin, (240) 371-5809
Email questions to training@leva.org or phone (540) 842-1742.