

**Law Enforcement and Emergency Services Video Association, Inc.**

**Application for Renewal  
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 have met the requirements of Section 7 (Renewal) of the LEVA Forensic Video Analyst Certification Requirements and Process. All required documents are attached. I remain 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 regular duties involve the processing of video images. I further acknowledge I have read, understand and will continue to 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 and endorsing the renewal of this Certification on behalf of the agency.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

**IMPORTANT INSTRUCTIONS**

Complete this application form and mail or fax any supporting documents including a current CV or Resumé to

Mr. Jan Garvin  
LEVA Training VP  
2012 Victoria Dr.  
Stafford, VA 22554

Fax: (240) 371-5809 Email: [training@leva.org](mailto:training@leva.org)