

Law Enforcement and Emergency Services Video Association, Inc.

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



Name _____ Title _____

Organization _____

Address _____

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

Phone _____ Fax _____

E-mail address _____

Qualification Criteria: I successfully completed LEVA's *Level 1* course in 20___. 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

For government agencies, a signature of a senior agency officer attesting to the accuracy of the information must be provided below.

SIGNATURE

TITLE

IMPORTANT INSTRUCTIONS

Complete this application form and, along with a current CV or Resumé,
email them to the LEVA Certification Program Manager, Mr. Roger Cain.
certification@leva.org