

**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