

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 email it along with a current CV or Resumé to LEVA Certification Program Manager, Mr. Roger Cain. certification@leva.org