



Application

Certified Crime Scene Investigator

Application Type: check one appropriate box. The applicant must submit all required documentation as required in the CSI certification rules and procedures.

New Applicant

Re-certification

Date of Application: _____

Applicant Identification Information

Last Name

First Name

MI

PSID:

DOB:

Department: _____

Address: _____

City

Zip Code

Dept Phone Number

Sworn Civilian

E-Mail: _____

Other Phone: _____

Primary Duties: Crime Scenes Detective Patrol Other _____

Training / Qualifications: if you attended a comprehensive school covering multiple topics, just list the school. Attach the curriculum with the hours of each topic to this application. **Continue on back**

School (class) Name

Location

Hours

Date taken

LETB USE ONLY

Do not Write below This line

LETB USE ONLY

Application

Letter of Attestment

Schools

Cases

Application: Approved / Rejected: (See Back)

Written Test Score: _____

Proficiency Test Date: _____ Proficiency Test: Passed / Failed (see back)

Recommend for Certification: ___Y ___N Expiration Date _____ CSI # _____