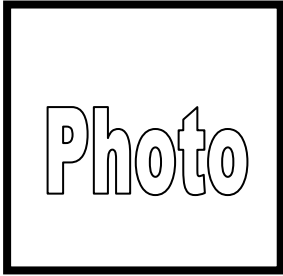


**Application for Certification / Re-certification by Canadian Identification Society as a Certified Footwear Examiner.**



**Instructions to the Applicant:**

- a. Please consult the requirements for Certified Footwear Examiner on the web site
- b. Type or print all information. Each item in the application must bear an entry. If none is applicable, so state. Use extra sheets for additional information. Identify the material being furnished, and show your name and address on each sheet.
- c. All materials must be submitted in duplicate, including this application.
- d. Attach a current, signed photograph of yourself in the space provided on this application, and on the duplicate application.
- e. Enclose a fee of \$150.00 Canadian currency. Payment may be made by Visa, Mastercard or by check or money order payable to the Canadian Identification Society Footwear Certification Board.  
Only persons who believe they clearly meet the requirements for certification should submit an application as the fee is non refundable.
- f. Mail the completed application, and any enquires to:
- g. Inquires may be made via e-mail to [gboulay@police.belleville.on.ca](mailto:gboulay@police.belleville.on.ca)  
Sgt. Grant Boulay  
Belleville Police Service  
Belleville, Ontario K8N 1C2

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1. Name: \_\_\_\_\_ 2. Sex \_\_\_\_\_ 3. DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
           Last                    First                    Middle

4. Print name as you wish it to appear on your certificate: \_\_\_\_\_

5. If you have been known by, or used, another name professionally? - please specify  
\_\_\_\_\_

6. Have you ever been convicted of a criminal offence or any crime involving moral turpitude:  
[ ] Yes ; [ ] No If "Yes", please explain: \_\_\_\_\_



Name: \_\_\_\_\_

**14. Professional Awards and Honors :**

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**15. Professional Experience :**

a. How long have you been employed in the performance of Footwear Examination duties ? \_\_\_\_ Years.

b. Have you testified in a criminal court regarding the results of a comparative footwear examination, which you have performed ?  Yes ;  No

Approximately how many times in your career ? \_\_\_\_\_ Times

Approximately how many times in the past three years ? \_\_\_\_\_ Times

c. Approximately how many Footwear cases have you examined :  
In your career \_\_\_\_\_ Cases In the past three years \_\_\_\_\_ Cases  
Approximately how many of these cases involved comparative examinations of unknown footwear impressions to known footwear ? \_\_\_\_\_ Cases

d. Are your examination results verified?  Yes ;  No

e. Have you given training in Footwear Examinations?  Yes;  No

**16. Continuing Education - Professional Development:**

a. List all Forensic seminars & training attended within the past four years:

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b. Articles or written summaries published regarding footwear examination subjects.

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c. Presentations made: - a. paper, b. lecture, c. panel discussion, d. poster regarding some phase of footwear examination to a professional association, conference or symposium.

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d. Conducted workshops or seminars for Footwear Examiners.

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e. Primary Training Provider for basic Footwear Examiner. List training within the past four years.

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**Society, in the event of any misstatement or misrepresentation of a material fact in this application or in the event that any of the aforementioned regulations applicable to such Certificate is violated by me, as determined by the Canadian Identification Society. I further agree to hold the, Canadian Identification Society its officers, examiners, and agents free from any claim, damage or liability by reason of action, they or any of them, may take in respect of this application including, but not limited to, the failure of the Canadian Identification Society to issue me such Certificate, or the suspension, revocation or making of any demand for the surrender of an issued Certificate, or the removal of my name from the list of such certificates.**

**In support of this application, I certify that all of the statements made herein or associated herewith are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Endorsement**

**I, \_\_\_\_\_ certify that the above information is true to the best of my knowledge.**

**Signature of Supervisor / Senior Management:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_