



# EVIDENCE PHOTOGRAPHER CERTIFICATION APPLICATION

EPIC Membership # \_\_\_\_\_

## PERSONAL INFORMATION

Mr.  Mrs.  Ms.  Dr.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Suffix: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

## CONTACT INFORMATION

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary E-mail (must submit to complete registration): \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_

Website Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check here if you do not wish to have your contact information listed online in our referral database.

## DEMOGRAPHICS

Male  Female Birth Year: \_\_\_\_\_

Number of years in Photography: \_\_\_\_\_ Number of years in Evidence Photography: \_\_\_\_\_

Education: \_\_\_\_\_ Degrees/Certificates: \_\_\_\_\_

## SPECIALTIES (Please check all that apply to the type of work that you do)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>AC</b> Accident Reconstruction | <input type="checkbox"/> <b>IR</b> Infrared & UV                       | <input type="checkbox"/> <b>QD</b> Questioned Documents   |
| <input type="checkbox"/> <b>AE</b> Aerial                  | <input type="checkbox"/> <b>LA</b> Latent Prints                       | <input type="checkbox"/> <b>RA</b> Radiography            |
| <input type="checkbox"/> <b>BA</b> Ballistics              | <input type="checkbox"/> <b>MI</b> Microphotography                    | <input type="checkbox"/> <b>SD</b> Student                |
| <input type="checkbox"/> <b>BI</b> Biological & Medical    | <input type="checkbox"/> <b>MO</b> Micro Picture                       | <input type="checkbox"/> <b>SV</b> Surveillance           |
| <input type="checkbox"/> <b>CR</b> Crime Scene             | <input type="checkbox"/> <b>PE</b> Physical Evidence                   | <input type="checkbox"/> <b>TI</b> Time Lapse, High Speed |
| <input type="checkbox"/> <b>FB</b> Forensic Lab            | <input type="checkbox"/> <b>PM</b> Photomacrography & Photomicrography | <input type="checkbox"/> <b>UW</b> Underwater             |
| <input type="checkbox"/> <b>FI</b> Fire Investigation      | <input type="checkbox"/> <b>PH</b> Photogrammetry                      | <input type="checkbox"/> <b>VI</b> Videography            |
| <input type="checkbox"/> <b>GE</b> General                 | <input type="checkbox"/> <b>PR</b> Industrial & Product Liability      | <input type="checkbox"/> <b>XX</b> Other _____            |
| <input type="checkbox"/> <b>IN</b> Injuries                |  |   |

## EDUCATION/TESTING

- \$1,285 Complete Package.....6 days of Education with Exams
- \$ 495 Module 1 Education/Exam.....2 days of Education with part 1 Exam
- \$ 495 Module 2 Education/Exam.....2 days of Education with part 2 Exam
- \$ 495 Module 3 Education/Exam.....2 days of Education with part 3 Exam
- \$ 695 Complete Exam without Education

## LOCATION

- Atlanta, GA - October 9-14, 2010
- San Antonio, TX - January 11-18, 2011
- Atlanta, GA - March 5-10, 2011
- Atlanta, GA - October 8-13, 2011
- New Orleans, LA - January 12-17, 2012

## CANCELLATIONS & REFUNDS

- A \$50 administration fee will be charged for cancellations received 60 days before the education/testing.
- No refunds will be issued for cancellations or changes within 60 days of education/testing.
- A \$35 service fee will be charged for returned checks.

## DISCLAIMER

We reserve the right to make changes or cancellations as it deems necessary.

- Current EPIC members will receive a one time \$149 discount on education
- FREE Annual EPIC Membership when you enroll in education
- Application for education is valid for 2 years - Students have 2 years to retake the test/ education until they pass
- There is no additional fee for image submission
- For Education Sessions, a 50% deposit is required to hold a space, the balance is then due 60 days before the class
- Certification is valid for 5 years, after which recertification will be required

## PAYMENT INFORMATION

- CHECK Account # \_\_\_\_\_
- VISA Name that appears on card: \_\_\_\_\_
- MASTERCARD Exp. Date (MM/YY): \_\_\_\_\_
- AMERICAN EXPRESS Cardholder's Signature: \_\_\_\_\_

Return this application with payment to: Professional Photographic Certification Commission  
 229 Peachtree Street NE  
 Suite 2200  
 Atlanta, GA 30303

Customer Service: 888-772-2780  
 Fax: 404-614-6404