



Property & Evidence Association of Florida, Inc. Certification Committee Application

Personal Information

Full Name: _____
Last, First

Agency: _____

Work Phone: _____ Alternate Phone: _____

Email: _____

Supervisor's Name: _____

Supervisor's Title: _____ Supervisor's Work Phone: _____

Supervisor's Email: _____

Certification Information

Start Date as Evidence Specialist _____

PEAF Certified: **YES** **NO**

If yes, year: _____

Additional Information

Able to travel for Committee Meetings: **YES** **NO**

Teaching/Instructor Experience: **YES** **NO**

Describe teaching/instructor experience: _____

Additional Information you would like to share that makes you the best candidate for the Certification Committee: _____