



International Association for Microanalysis (IAMA)



REFERENCE FORM

This form must be completed by applicant's references and submitted in a timely manner. Two references from Regular or Distinguished members are required:

Applicant Name: _____

Employer: _____

Date of Employment: _____

Work Address: _____ City: _____

State: _____ Zip Code: _____

Phone: (____) _____

Reference: *(complete and mail to)*

1. Length of time acquainted: _____

Working relationship: _____

Length of time in forensic science: _____

Applicant's area of Expertise *(check all that apply)*

Biology

Breath Alcohol

Crime Scene

Documents

Drugs

Firearms

Latent Prints

Management

Toxicology

Photography

Trace

Training

2. Can you verify the information on the application form? Yes No

If no, explain: _____

3. Do you recommend without qualification acceptance of this applicant for membership? Yes No

If no, explain: _____

4. Comments:

Reference Name: _____

Employer: _____ Date of Employment: _____

Work Address: _____ City: _____ State: _____

Zip Code: _____

Phone: (____) _____

Reference Signature: _____ Date: _____