Authorization Form

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| --- |
| Employee:  Discipline: |

On dates specified below, the above-mentioned employee was authorized and deemed competent to perform the following functions in the sub-category/subdiscipline specified below based on appropriate education, training, experience, and/or skills as outlined in the applicable training program:

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-category/Subdiscipline: |  | Date: |  |

**Authorized to:**

Operate the following equipment/instrumentation:

Perform inspections/examinations appropriate to sub-category/subdiscipline or discipline.

Develop, modify, verify and validate methods.

Evaluate results, offer interpretations, render opinion, and sign/issue reports.

Perform technical review of casework completed by other criminalists in area of competency.

Other:

A Competency Test was completed for each task or group of tasks authorized above. Records have been submitted to Quality Assurance.

Comments:

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Training Coordinator Technical Leader

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Quality Assurance Manager Laboratory Director