

SOCIETY OF ACCIDENT RECONSTRUCTIONISTS



QUALIFICATIONS STATEMENT AND APPLICATION

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ TELEPHONE _____

_____ E-MAIL _____

WEBSITE _____

AGENCY/COMPANY _____ TELEPHONE _____

BUSINESS ADDRESS _____ POSITION _____

LENGTH OF EMPLOYMENT _____ SEND CORRESPONDENCE TO HOME BUSINESS

PREVIOUS EMPLOYMENT RELATING TO ACCIDENT RECONSTRUCTION (ATTACH ADDITIONAL PAGE IF NECESSARY)

AGENCY/COMPANY	ADDRESS	POSITION/DUTIES	FROM/TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT INVESTIGATION/RECONSTRUCTION COURSES ATTENDED (ATTACH ADDITIONAL PAGE IF NECESSARY)

COLLEGE/UNIVERSITY/OTHER	LOCATION	COURSE	DATE COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU QUALIFIED AS AN EXPERT IN COURT YES NO
NUMBER OF TIMES _____ CIVIL _____ CRIMINAL AREA OF TESTIMONY _____

ACTAR ACCREDITED? _____ CERTIFICATION # _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ RESUME PROJECT WORK CERTIFICATES PHOTO FEE _____
 APPROVED REJECTED DATE _____ AFFILIATE RECONSTRUCTIONIST MEMBER # _____
CERTIFICATES

NOTE:

NWTI AR DYN TAI ASAI PHOTOS LAMPS NAPTAR AR II M/C
IPTM AR ADV AI ASAI PHOTOS TIRES COMPUTER SPEC PROBS COM VEH M/C OTHER

FORMAL EDUCATION (INCLUDE ALL DEGREES AND CERTIFICATES)

NAME	LOCATION	DEGREE/ MAJOR	YEAR
HIGH SCHOOL _____			
COLLEGE/UNIVERSITY _____			
POST-GRADUATE _____			

PROFESSIONAL AFFILIATIONS

ORGANIZATION	LOCATION	YEARS AFFILIATED

WHICH SOAR MEMBERS ARE FAMILIAR WITH YOUR ACCIDENT INVESTIGATION AND/OR RECONSTRUCTION BACKGROUND?

WHAT DO YOU EXPECT TO CONTRIBUTE TO SOAR?

WHAT DO YOU EXPECT FROM SOAR?

I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE SOCIETY OF ACCIDENT RECONSTRUCTIONISTS. I UNDERSTAND THE SUBMISSION OF THIS PERSONAL QUALIFICATIONS STATEMENT AND THE \$15.00us NON-REFUNDABLE PROCESSING FEE IS NO GUARANTEE THAT I WILL BE ACCEPTED BY SOAR.

I CERTIFY THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE SOAR THROUGH ITS REPRESENTATIVES, TO VERIFY INFORMATION PROVIDED BY ME.

I UNDERSTAND ADDITIONAL INFORMATION MAY BE REQUIRED OF ME. THIS INFORMATION MAY INCLUDE AN ORAL INTERVIEW AND/OR THE SUBMISSION OF PROJECT WORK DEALING WITH THE FIELD OF TRAFFIC ACCIDENT INVESTIGATION AND RECONSTRUCTION.

IF ACCEPTED, I WILL ABIDE BY THE CODE OF ETHICS AS ESTABLISHED BY THE BOARD OF DIRECTORS OF SOAR.

SIGNATURE _____ DATE _____

NOTE: PLEASE SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION. FAILURE TO DO SO WILL RESULT IN PROCESSING DELAYS.

A DETAILED RESUME OR ADDITIONAL INFORMATION PAGES DETAILING YOUR TRAINING, PROJECT WORK, EDUCATION AND EXPERIENCE; COPIES OF CERTIFICATES FOR TRAFFIC ACCIDENT INVESTIGATION AND RECONSTRUCTION COURSES YOU HAVE ATTENDED; A WALLET-SIZED PHOTOGRAPH; AND THE \$15.00us NON-REFUNDABLE PROCESSING FEE

SOCIETY OF ACCIDENT RECONSTRUCTIONISTS
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