



**ACTAR**  
The Accreditation Commission for  
Traffic Accident Reconstruction

Application for Commission Accreditation  
Traffic Accident Reconstructionist

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Applicant Identification (please type or print)

<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b>	<b>Date of Application:</b>
<b>Address:</b>			<b>Phone Number (with Area Code):</b>
<b>City:</b>	<b>State/Province:</b>	<b>Country:</b>	<b>Zip/ Postal Code:</b>
<b>Email:</b>			

**Additional Contact Information**

Area code and work phone number:  
Area code and facsimile phone number:  
Internet Website URL:

**Accreditation Directory**

How do you want your name, address,  
phone, fax and email information to appear  
in the accreditation directory  
(if different from above):



Member of Participating Organization				
<input type="checkbox"/> ASSE	<input type="checkbox"/> FARO	<input type="checkbox"/> MwATAI	<input type="checkbox"/> OPP	<input type="checkbox"/> SOAR
<input type="checkbox"/> CA <sup>2</sup> RS	<input type="checkbox"/> IAARS	<input type="checkbox"/> NAPARS	<input type="checkbox"/> OSP	<input type="checkbox"/> TAARS
<input type="checkbox"/> CATAIR	<input type="checkbox"/> IATAI	<input type="checkbox"/> NATARI	<input type="checkbox"/> PSP	<input type="checkbox"/> UCMO
<input type="checkbox"/> CSP	<input type="checkbox"/> MdATAI	<input type="checkbox"/> NJAAR	<input type="checkbox"/> SATAI	<input type="checkbox"/> WATAI
<input type="checkbox"/> DRI	<input type="checkbox"/> MSP	<input type="checkbox"/> NYSTARS	<input type="checkbox"/> SCHP	

<b>FOR ACTAR USE ONLY:</b>		
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved
<b>Decision Date:</b>	<b>Notification Date:</b>	<b>Region:</b>
<b>Certificate Number:</b>		<b>Certificate expiration date:</b>
<b>Accreditation test date:</b>	<b>Accreditation test location:</b>	<b>Accreditation Renewal Date:</b>

**Accident Specific Education/Training**

This section of the application refers to formal traffic accident investigation and reconstruction specific education only. This section is to be used to show coursework where a pass or fail grade was given to those completing the course. This section is not for “seminars.” If the class completed was known by a name other than that provided below, indicate the name of the equivalent course to the right. Credit will only be given for those courses for which the applicant provides a copy of the course certificate of successful completion. Mark all that apply. Add additional courses as applicable.

<b>Name/Description</b>	<b>Institution Name</b>	<b>Hours of Instruction</b>	<b>Completion Date</b>	<b>Equivalent Course Title</b>
<input type="checkbox"/> At-Scene Collision Investigation				
<input type="checkbox"/> Technical Collision/ Collision Analyst				
<input type="checkbox"/> Reconstruction				
<input type="checkbox"/> Other (specify)				

**Accident Related Seminar Attendance**

This section offers the applicant an opportunity to demonstrate attendance at accident related seminars as part of the applicant’s overall training. Seminars are defined as presentations where attendees are not evaluated or graded based on a learning objective, but rather were given a certificate simply for attendance.

The applicant must include copies of certificates for each seminar claimed, if available. If the seminar presenters did not issue certificates, attach a separate sheet describing seminar content, date(s) of the seminar, and include the presenter’s name and address.

If you run out of room, attach a separate sheet to include the following information:

<b>Seminar Title</b>	<b>Seminar Date(s)</b>	<b>Identify the seminar sponsor and describe general seminar content</b>

## Traditional Education

This section of the application offers the applicant an opportunity to show completion of traditional educational programs including High School, College and/or University work both at the undergraduate and graduate level.

**Include a copy of any diploma or certificate** awarded for work above the high school level. This may be a substitute for accident-specific coursework, as listed on page 2. ***No credit will be awarded without the inclusion of diploma or certificate.***

If no degree has been awarded, indicate the number of credit hours completed to date.

Education Level-Major Hours Completed	Graduation Year	School Name and Address, <i>(include City, State/Province and Postal/Zip Code)</i>
High School:		
Undergraduate Degree And Major:		
Post-Graduate Degree And Major:		
Other:		

## Employment

Begin with your current employer and list all employers for whom you worked for during the last 10 years in a position where your specific duties included the investigation and analysis of traffic accidents.

Name and Address of Employer	Employment Dates	Phone #	Email	Position/Duties

Please provide the name of your current (or most recent supervisor) and a contact number:

## Published Works

List the title of each article or paper that you have personally authored in the field of traffic accident investigation or reconstruction. Include the name of the publication in which the article was contained or the organization responsible for its actual publication and dissemination as well as where a copy might be obtained if necessary. If you need more room, attach additional sheets showing the following information:

Article Title	Date of Publication	Published by (where a copy can be obtained)	Name(s) of co-authors

## References

Provide 3 or more professional references familiar with your work in the field of traffic accident investigation and analysis.

Name	Address	Phone # with area code	Email	Occupation

## Instructional Experience, Lectures, and Other Presentations

List the title of each presentation that you have personally delivered in the field of traffic accident investigation or reconstruction. Include the title or subject of the presentation or the name of the course taught. Add additional information on separate page as needed.

Presentation Title or Description	Content	Date	Location	Presented to (who can verify that such presentation was made)

## Professional Affiliations

List the name of the professional organizations to which you currently belong. Include the date of first affiliation as well as any grade of membership you have attained.

Organization	Affiliation Date Membership Grade	Organization	Affiliation Date Membership Grade

## Licenses, Permits, and Other Certification or Accreditation

Are you now certified, licensed, authorized, or titled by any agency or organization to practice traffic accident reconstruction?

Yes  No

If you are now certified, licensed, authorized, or titled by any agency or organization to practice traffic accident reconstruction, provide the license number or title and the name and address of such agency or organization granting or making such authorization below or describe more fully on a separate page:

License Number/Title	Organization Name and Address

Are you a licensed or registered Professional Engineer? Yes  No

If you are a licensed or registered Professional Engineer, complete the following:

State/Province in which licensed and license title	License number	License expiration date

If you are a licensed or registered Private Investigator, complete the following:

State/Province in which licensed and license title	License number	License expiration date

## Court Testimony

Have you ever qualified or been accepted in a court of law as an expert witness traffic accident reconstructionist?

Yes

No

Provide the court location, testimony date, case name and number (or caption) in which you last qualified as an expert witness in the area of traffic accident reconstruction:

Case Name	Case Number/Caption	Court Identification including State/Province

*An applicant will only be awarded credit for expert testimony if the above information is complete and accurate.*

**I certify that the information contained in this application for Commission Accreditation as a Traffic Accident Reconstructionist is true, complete, and correct to the best of my knowledge and belief.**

**My signature below authorizes the Accreditation Commission for Traffic Accident Reconstruction (ACTAR) or its appropriate representative(s) to verify information made in this application.**

**I hereby hold ACTAR, the ACTAR Board of Directors, and ACTAR Participating Associations harmless for the results of any verification of the information provided and accreditation taken by ACTAR in my regard.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date