



Crash Reconstruction Specialist Exam Application Illinois Law Enforcement Training and Standards Board

THIS SECTION FOR BOARD USE ONLY

Staff Recommendation: I have examined this application and recommend approval for the applicant to take the exam.

Staff Signature

date

EXAMINATION GRADES

Date _____

Part I _____

Part II A&B _____

Part III

() _____
Version

() _____
Version

() _____
Version

BOARD RECOMMENDATION

() Approve

() Disapprove

Signature of Program Manager

Date

Certificate Number PTB _____

INSTRUCTIONS

1. Copies of training certificates MUST accompany this application.
2. All data must be furnished in detail as requested. The information you provide will be used to determine your qualifications to take the test.
3. If an item does not apply to you please write in the letters "NA".
4. This form must be completed by the applicant and forwarded to the Board for action.
5. Board action will be reported to the applicant.
6. **Email completed application to: PTB.Applications@Illinois.gov**
7. Or Mail completed application to:

Attn: Crash Reconstruction Exam Application
Illinois Law Enforcement Training and Standards Board
500 South 9th Street
Springfield, IL 62701

****Any questions should be directed to Barbara Wood, Crash Reconstruction Certification Program Manager, at 217-558-4429 or 217-685-5627 or Barbara.Wood@Illinois.gov**

Crash Reconstruction Specialist Application

Illinois Law Enforcement Training and Standards Board

Date of Application: _____

Personal Data

Last Name	First	MI
Home Street Address	City/Town	State
Home Phone	Email Address	
Date of Birth	PTB ID Number	

Traffic Crash Investigation Training

Name of School/Course Title	# of Hours	Date Completed
Include Copies of Certificates, Attach Additional Sheet if Needed		

RECOMMENDATION

<p>I have examined this application; verify that it is made in good faith and recommend approval to take the State Crash Reconstruction Specialist Exam.</p> <p>_____</p> <p style="text-align: center;">Signature- Chief of Police/ Department Head</p> <p>_____</p> <p>Date</p>	
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Law Enforcement or Professional Experience

Name & Address of Agency	Dates of Employment	Rank & Position
1. _____ _____	_____ _____	_____ _____
2. _____ _____	_____ _____	_____ _____
3. _____ _____	_____ _____	_____ _____

Special Qualifications or Skills

<p align="center">Membership in professional or scientific organizations and/or publications you have authored</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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ATTEST

I certify that all the information provided in this application is true and correct to the best of my knowledge and belief. I also attest that I am currently employed as a certified law enforcement officer and have a minimum of one (1) year experience in investigating traffic crashes prior to or after completing one of the following courses: On Scene Crash Investigation (Basic), Technical Traffic Crash Investigation (Advanced), Vehicle Dynamics, Traffic Crash Reconstruction.

Signature of Applicant

Date