EDSR FORM 2025: Certification of Fingerprint Technician

From Flotilla Commander:

Flotilla 054 -

To DCDR, Name:

Division 054 -

Subject: Request for Certification of Fingerprint Technician

This is to certify that the following named individual has passed the fingerprinting exam.

Member Name: AUX ID Number:

Exam Grade: Date of Examination:

Flotilla Commander's Signature:

Date:

Division Commander's Signature:

Date:

From: DCDR, Division 054 -

To: Director of Auxiliary (DIRAUX), Fifth District Southern Region

Subject: Request for Certification of Fingerprint Technician

This is to certify that the above named individual has completed and passed the required fingerprinting exam and three (3) fingerprint cards for practical demonstration and should be processed for certification as a Fingerprint Technician.

Practical Demonstration Cards: Yes, 3 Cards Attached or Submitted: Attached

Fingerprint Kit Needed: Yes