



# IAAI-CFI Recertification Application

International Association of Arson Investigators, Inc. Certified Fire Investigator  
Application

Before you begin this application, you will need to provide your order or payment number. Instructions on where to find this information can be found in the images below. IAAI-CFI Recertification applications will not be accepted without payment \*

Type in Order or Payment Number Here



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[Membership](#)

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[View Order Details # 789456](#)

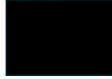
[Print Invoice](#)

**Credit Balance: \$0.00**

**Bill To**



**Ship To**



**Order Info**

Order ID: 789456  
Date: 12/14/2024  
Ship Date:  
P/O #:

**Summary Information**

[Line Items](#)

[Inv](#)

[Payments](#)

[Installments](#)

Date	Payment ID	Total
03/18/2025	Payment #12345	\$903.00

PLEASE NOTE THE FOLLOWING:

- Make sure to have all proper paperwork and credentials prepared before beginning the application process.
- Please allow up to 15 business days to receive a response of approval or rejection of your CFI application.
- IAAI Member No.: Membership in the IAAI is not required. This information is requested to assist the staff in processing the application.

IAAI Member No.

IAAI-CFI Certification # \*

CFI Expiration Date \*

CFI Expiration Date

Name \*

First Name with Middle Initial

Last Name

Home Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Job Title \***

**Job Description \***

**Business Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Preferred Email \***

example@example.com

Preferred Phone Number \*

(555) 555-5555

Please enter a valid phone number.

Excluding traffic violations, applicants shall disclose all convictions of violations of laws, statutes, ordinances, rules, regulations or canons. Disclosure is required regardless of whether an offense has been expunged, vacated, dismissed or sealed. Please indicate below if you have a conviction to disclose. We will be in touch regarding next steps, if needed. \*

No, I do not have any convictions to disclose ▼

## Training

Applicants for recertification shall demonstrate completion of a minimum of 100 hours of tested training, with a minimum of 10 tested training courses on CFITrainer.net within the current renewal cycle. Lectures given may account for 50% of the total training points claimed. A maximum of 10% of the total training hours requirement for training courses not specifically related to fire investigation or non-tested training may be claimed.

CFITrainer.net Transcript to include a minimum of 10 tested training courses within the current renewal cycle. \*



### Browse Files

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CFI Tra...7ac35b6




Additional training and/or Lectures Given (Only claim points obtained since last CFI renewal). Training may be categorized by "type" and supporting documentation shall be included below. \*

	Class Name/Date/Hours	Hours Claimed
1	Class 1	10
2	Class 2	5
3	Class 3	8
4	Lecture 4	10
5	Lecture 5	12
6		
7		


8		
9		
10		

Total Hours Claimed \*


Supporting Documents \*




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Support...37fe700


Supporting Documents



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Support...dd7fb9e

Supporting Documents




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## Work Experience

Please list all work experience from a minimum of the past three years since your last renewal, in reverse chronological order with the most recent experience listed at the top. The applicant shall document their experience with letters from employers or others who can verify their experience. Self-employed applicants may use letters from clients, or a letter signed by a partner, principal in the business, coworker, or other professional associate.

Employer 1 Name \*

IAAI

Total Years with Employer \*

5

Employment Dates: From \*

04-01-2020



Date

Employment Dates: To \*

04-17-2025



Date

Employer 1 Address \*

2331 Rock Spring Road

Street Address

Street Address Line 2

Forest Hill

City

MD

State / Province

21050

Postal / Zip Code

Job Description \*

Director

Letter from Employer 1 \*



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Employment...79f3c07



NOTE: Letter from employer must be included, and have a valid signature.

**Employer 2 Name**

**Total Years with Employer**

**Employment Dates: From**

MM-DD-YYYY



Date

**Employment Dates: To**

MM-DD-YYYY



Date

**Employer 2 Address**

Street Address

Street Address Line 2


City

State / Province

Postal / Zip Code

### Job Description

### Letter from Employer 2



**Browse Files**  
Drag and drop files here

NOTE: Letter from employer must be included, and have a valid signature.

By submitting this application to the IAAI, with all required documentation, the applicant certifies this information to be true and correct to the best of their knowledge and certifies that they have read and understand the program requirements. The intentional submission of false information as part of this application will be cause for immediate rejection of the application and potentially subject the applicant to other penalties, including removal of IAAI member benefits.

Date \*

Date

Signature



Clear