



**Evaluator Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Employing Agency : \_\_\_\_\_

Number of years Certified with NCPDA : \_\_\_\_\_

Work History / Resume:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accepted: This the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

*Timothy J Byrd*  
NCPDA PRESIDENT

\_\_\_\_\_  
*Board Member*

\_\_\_\_\_  
*Board Member*

\_\_\_\_\_  
*Board Member*