

Screening Questionnaire

Notice

OMB Control No. 0693-0043

Expiration Date XX-XX-XXX

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection is estimated to be 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, Attn: Jonathon Phillips (jonathon.phillips@nist.gov).

Contact Information

OMB Control No. 0693-0043

Expiration Date XX-XX-XXX

In order to send materials, including the survey and images, and to communicate to maintain privacy and appropriate precautions, we need the following contact information.

Validation: %s format expected

1) What is your email address?

2) What is your phone number?

3) What is your fax number?

4) What is your postal address? This will be used to send your accuracy score to you, if requested. You do not have to provide this now and may wait until you request your score to provide this information.

Screening Questions

OMB Control No. 0693-0043

Expiration Date XX-XX-XXX

5) Do you have any training in any forensic domain?

- ☐ Yes
- ☐ No

6) Have you ever performed comparisons in any forensic domain?

- ☐ Yes
- ☐ No

7) Do you perform forensic facial comparisons as part of your current job or as part of a former job?

- ☐ Yes
- ☐ No

8) Do you perform forensic fingerprint comparisons as part of your current job or as part of a former job?

- ☐ Yes
- ☐ No

9) Have you attended facial forensics meetings, such as Facial Identification Scientific Working Group (FISWG), the Organization of Scientific Area Committees (OSAC) subcommittee on facial identification, or the European Network of Forensic Sciences Institutes (ENFSI)?

- ☐ Yes
- ☐ No

10) Have you served as a program manager for facial recognition effort?

☐ Yes

☐ No

11) Do you perform facial recognition research? This could be work on algorithms, automated systems, or human processing capabilities.

☐ Yes

☐ No

12) Do you address policy regarding facial recognition?

☐ Yes

☐ No

Thank You!

**OMB Control No. 0693-0043
Expiration Date XX-XX-XXX**

Thank you for taking our survey. Your response is very important to us.
