

Application for Certified Forensic Security Responder

Please type or print clearly and check one	e (only if applicable):		
 I am enrolled in the Incident Investigation Indicate the location where you are regist OpenText™-owned facility: Authorized training partner: 		d Methodology courses.	
My organization has prepaid for a test Provide your OpenText™ EnCase Training	_		
Application information			
Last name:	First:	Middle:	
Name spelling/format for certificate:			
Preferred mailing address and contact inf *Please provide a physical address; we ca			
Street number/name:	0 : /		
City:	•	State/province:	
Country:	Zip/postal	code:	
Phone:	Fax:		
**Please provide the email address where instructions.	you wish to receive y	our testing and log-in	
Primary email:	Secondary email:		
Experience or training qualifications (cho	ose one)		
Work experience			
Experience qualifications. Number of col	lective months of digit	al forensics experience:	
Current organization information			
Current organization/agency name:			
Title/department:			
Street number/name:			
City:	State/provi	ince:	
Country:	Zip/postal	code:	
Phone:	Fax:		

Please list the experience related to digital forensics that you performed for the agency/company noted above. This may include, but is not limited to, imaging, analysis, restoration, and sworn testimony. If necessary, include additional pages.

Past organization information			
Previous organization/agency name:			
Title/department:			
Street number/name:			
City:	State/pro	vince:	
Country:	Zip/posta	I code:	
Please list the experience related to digagency/company noted above. This marestoration, and sworn testimony. If ne	ay include, but is not lir	nited to, imaging, analysis	; ,
Training completed Training qualifications. Please provided to the provided t			∍d
OpenText [™] EnCase [™] Training (Ope	_	_	
Start date:	Location:	coursej.	
Start date:	Location:		
Additional training (other than EnCa	ase Training):		
Number of classroom hours: Agency/company providing training:	Dates of training:	to	
Title of training course: Number of classroom hours: Agency/company providing training:	Dates of training:	to	
Title of training course: Number of classroom hours: Agency/company providing training:	Dates of training:	to	

I certify that I meet the experience and training requirements to apply to become a Certified Forensic Security Responder. The information contained in this application and attachments are true and correct to the best of my knowledge.			
Signature:	Date:		
 Submit applications signed with a digital certificate supporting documentation via email to: EnCaseCe 	J J		
 Hand-signed applications and supporting documer OpenText Attn.: Certification Coordinator 1055 E. Colorado Boulevard, Suite 400 Pasadena, CA 91106-2375 	itation may be mailed to:		
After the information contained on this application is volume to the Phase I certification test payment.	erified, you will be contacted by the Certification		
The cost of the examination is \$500 USD.			
Payment information			
Once your application has been reviewed and accepte and payment methods.	ed, you will be contacted regarding invoicing		
If the company for which you work is paying the invoic in the following list, please provide the company's tax			
Tax ID/VAT registration*:			

Please also provide the company's name and address associated with the tax ID/VAT registration.

State/province:

Zip/postal code:

Phone:

Organization Name: Street number/name:

City:

Country:

*If the organization responsible for payment is tax exempt, please attach documentation. If the organization is based in one the following countries, please include VAT or tax ID.

Albania Argentina Australia Austria Bahrain Belarus Belgium Bolivia Brazil Bulgaria Canada Chile Colombia Costa Rica Croatia Cyprus Czech Republic Denmark

Dominican Republic **Ecuador** El Salvador Estonia Finland France Germany Greece Guatemala Honduras Hungary Iceland India Indonesia Ireland Isle of Man Italy

Kuwait

Latvia Lithuania Luxembourg Malta Mexico Monaco Netherlands Nicaragua Norway Panama Paraguay Peru **Philippines** Poland Portugal Qatar Romania Russia

San Marino
Saudi Arabia
Serbia
Slovakia
Slovenia
South Africa
Spain
Sweden
Switzerland
Turkey
Ukraine
United Arab
Emirate
United Kingdom

Uruguay

Uruguay Venezuela

9/10/2024