



## Application for Certified Forensic Security Responder

Please type or print clearly and check one (only if applicable):

I am enrolled in the Incident Investigation and Host Intrusion and Methodology courses.  
Indicate the location where you are registered:

- OpenText™-owned facility:
- Authorized training partner:

My organization has prepaid for a testing voucher.

Provide your OpenText™ EnCase Training reference number:

### Application information

Last name:

First:

Middle:

Name spelling/format for certificate:

**Preferred mailing address and contact information for all CFSR-related items.**

**\*Please provide a physical address; we cannot ship to P.O. boxes.**

Street number/name:

City:

State/province:

Country:

Zip/postal code:

Phone:

Fax:

**\*\*Please provide the email address where you wish to receive your testing and log-in instructions.**

Primary email:

Secondary email:

**Experience or training qualifications (choose one)**

### Work experience

Experience qualifications. Number of **collective months** of digital forensics experience: .

### Current organization information

Current organization/agency name:

Title/department:

Street number/name:

City:

State/province:

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/province:

Country:

Zip/postal code:

**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.**

**Training completed**

**Training qualifications.** Please provide documentation confirming that you have completed 64 hours of digital forensics training.

**OpenText™ EnCase™ Training (OpenText-provided EnCase course):**

Start date:

Location:

Start date:

Location:

**Additional training (other than EnCase Training):**

Title of training course:

Number of classroom hours:

Dates of training:

to

Agency/company providing training:

Title of training course:

Number of classroom hours:

Dates of training:

to

Agency/company providing training:

Title of training course:

Number of classroom hours:

Dates of training:

to

Agency/company providing training:

**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 or hand-signed and scanned along with supporting documentation via email to: [EnCaseCertification@opentext.com](mailto:EnCaseCertification@opentext.com).
- Hand-signed applications and supporting documentation may be mailed to:  
OpenText  
Attn.: Certification Coordinator  
1055 E. Colorado Boulevard, Suite 400  
Pasadena, CA 91106-2375

After the information contained on this application is verified, you will be contacted by the Certification Coordinator for the Phase I certification test payment.

**The cost of the examination is \$500 USD.**

### **Payment information**

Once your application has been reviewed and accepted, you will be contacted regarding invoicing and payment methods.

If the company for which you work is paying the invoice and is based in any of the countries included in the following list, please provide the company's tax ID/VAT registration.

Tax ID/VAT registration\*:

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

Organization Name:

Street number/name:

City:

State/province:

Country:

Zip/postal code:

Phone:

\*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	Dominican Republic	Latvia	San Marino
Argentina	Ecuador	Lithuania	Saudi Arabia
Australia	El Salvador	Luxembourg	Serbia
Austria	Estonia	Malta	Slovakia
Bahrain	Finland	Mexico	Slovenia
Belarus	France	Monaco	South Africa
Belgium	Germany	Netherlands	Spain
Bolivia	Greece	Nicaragua	Sweden
Brazil	Guatemala	Norway	Switzerland
Bulgaria	Honduras	Panama	Turkey
Canada	Hungary	Paraguay	Ukraine
Chile	Iceland	Peru	United Arab
Colombia	India	Philippines	Emirate
Costa Rica	Indonesia	Poland	United Kingdom
Croatia	Ireland	Portugal	Uruguay
Cyprus	Isle of Man	Qatar	Venezuela
Czech Republic	Italy	Romania	
Denmark	Kuwait	Russia	

10/17/2022