

## OpenText™ EnCase™ Certified Examiner (EnCE) application

Please type or print clearly and check one if	applicable.				
<ul> <li>I am enrolled in the OpenText™ EnCE™ P</li> <li>Indicate the location where you are registered</li> <li>OpenText™-owned facility:</li> <li>Authorized training partner:</li> </ul>	-				
My organization has prepaid for a testing voucher. Provide your OpenText™ EnCase Training reference number:					
I will be taking the Phase I test at OpenText <sup>™</sup> Enfuse <sup>™</sup> Conference.					
Application Information					
Last name:	First:	Middle:			
Name spelling/format for certificate:					
Preferred mailing address and contact information for all EnCE-related items. *Please provide a physical address; we cannot ship to P.O. boxes.  Street number/name:					
City:	State/provinc	ce:			
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 and training qualifications					
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/provinc	ce:			
Country:	Zip/postal co	ode:			
Phone:	Fax:				

Please list the experience related to digital forensics 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:	
noted above. This may include, but is testimony. If necessary, include additional additi	ional pages.		
OpenText <sup>™</sup> EnCase <sup>™</sup> Training (Ope	enText-provided EnCase	e course):	
Start date:	Location:		
Start date:	Location:		
Additional training (other than End Title of training course: Number of classroom hours:	case Training):  Dates of training:	to	
Agency/company providing training:			
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	

l certify that I meet the experience and/or training requirements to apply to become an OpenText EnCase Certified Examiner. The information contained in this application and attachments are true and correct to the best of my knowledge.			
Signature:	Date:		
<ul> <li>Submit applications signed with a digital certificate or supporting documentation via email to: EnCaseCertific</li> <li>Hand-signed applications and supporting documentat OpenText         Attn.: Certification Coordinator         1055 E. Colorado Boulevard, Suite 400         Pasadena, CA 91106-2375     </li> </ul>	cation@opentext.com.		
After the information contained on this application is verificoordinator for the Phase I certification test payment.	ed, you will be contacted by the certification		
The cost of the examination is \$500 USD.			
Payment information			
Once your application has been reviewed and accepted, and payment methods.	you will be contacted regarding invoicing		
If the company for which you work is paying the invoice a in the following list, please provide the company's tax ID/			
Tax ID/VAT registration*:			
Please also provide the company's name and address as	sociated 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

10/17/2022