

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

Please type or print clearly and check	one if applicable.		
<ul> <li>I am enrolled in the OpenText™ Enconnection Endicate the location where you are refered to the OpenText™-owned facility:</li> <li>Authorized training partner:</li> </ul>	-		
My organization has prepaid for a t Provide your OpenText <sup>™</sup> EnCase Tra			
Application Information			
Last name:	First:	Middle:	
Name spelling/format for certificate:			
Preferred mailing address and contact *Please provide a physical address; w			
Street number/name:			
City:	State/pr	State/province:	
Country:	Zip/post	Zip/postal code:	
Phone:	Fax:	Fax:	
**Please provide the email address whinstructions.	ere you wish to receiv	e your testing and log-in	
Primary email:	Secondary em	Secondary email:	
Experience and training qualifications			
Work experience			
Experience qualifications. Number	of <b>collective months</b> of	digital forensics experience:	
Current organization information			
Current organization/agency name:			
Title/department:			
Street number/name:			
City:	State/pr	State/province:	
Country:	Zip/post	Zip/postal code:	
Phone:	Fax:	Fax:	

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 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 Continuing Professional Education (CPE) hours of digital forensics training. OpenText<sup>™</sup> EnCase<sup>™</sup> 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

Dates of training:

to

Agency/company providing training:

Agency/company providing training:

Title of training course:

Number of classroom hours:

Please list the experience related to digital forensics you performed for the agency/company

I 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 hand-signed and scanned alor supporting documentation via email to: EnCaseCertification@opentext.com.</li> <li>Hand-signed applications and supporting documentation may be mailed to: OpenText         Attn.: Certification Coordinator         1055 E. Colorado Boulevard, Suite 400         Pasadena, CA 91106-2375     </li> </ul>	ng with		
After the information contained on this application is verified, you will be contacted by th coordinator for the Phase I certification test payment.	e certification		
The cost of the examination is \$500 USD.			
Payment information			
Once your application has been reviewed and accepted, you will be contacted regarding and payment methods.	invoicing		
If the company for which you work is paying the invoice and is based in any of the count in the following list, please provide the company's tax ID/VAT registration:	tries included		
Tax ID/VAT registration*:			
Please also provide the company's name and address associated with the tax ID/VAT re	egistration.		

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