



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 reference number: _____

Application information

- Mr.
- Ms.

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: _____

City: _____ State/province: _____

Country: _____ Zip/postal code: _____

Daytime phone number: _____ Fax number: _____

Email***: _____

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

Experience or training qualifications (choose one)

Work experience

- Experience qualifications. Number of collective months of digital forensics experience: _____.

Current organization information

Current agency/company: _____

Street: _____

City: _____ State/province: _____

Country: _____ Zip/postal code: _____

Daytime phone number: _____ Fax number: _____

Email: _____

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 agency/company: _____

Street: _____

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):

Course name: _____ Start date: _____ Location: _____

Course name: _____ 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.
- 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.



CFSR Exam Payment Form

The cost of the examination is \$250 USD.

Billing information

Individual/organization responsible for payment: _____

Street: _____

City: _____ State/province: _____

Country: _____ Zip/postal code: _____ Phone: _____

If paid prior to invoicing, payment details/reference: _____ Tax ID/VAT registration*: _____

Payment options: **Purchase order** **Net 30** **Credit card** **Money transfer**
(circle one)

Do not provide payment details on this form or include payment with the completed form; indicate your preferred payment option and you will be contacted for the details.

****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 Emirate
Colombia	India	Philippines	United Kingdom
Costa Rica	Indonesia	Poland	Uruguay
Croatia	Ireland	Portugal	Venezuela
Cyprus	Isle of Man	Qatar	
Czech Republic	Italy	Romania	
Denmark	Kuwait	Russia	