OpenText™ EnCase™ Forensic Certified Examiner (EnCE) application

Please type or print clearly and check one if applicable:

- I am enrolled in the OpenText™ EnCE™ Prep course.
  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: ____________________

- I will be taking the Phase I test at OpenText™ Enfuse™ Conference.

Application information

  ○ Mr.   ○ Ms.

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: ____________________________________________________________
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)

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

Current organization information

Current agency/company: ________________________________________________________________

Current street: ________________________________________________________________
City: ____________________________________________ State/province: ________________________________
Country: ____________________________________________ Zip/postal code: ____________________________
Daytime phone number: ____________________________ Fax number: ____________________________
Email: ______________________________________________________________

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 agency/company: _______________________________________________________

Street: _____________________________________________________________________ State/province: ________________________________
City: _____________________________________________________________________ Zip/postal code: _____________________________________________________________________
Country: ____________________________________________________________________

*Please list 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

ffiti 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/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: ____________________________________________________________________

- 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.
The cost of the examination is $200 USD.

Billing information

Individual/organization responsible for payment: ____________________________________________

Street: ____________________________________________ State/province: __________________________

City: ____________________________________________ Zip/postal code: ____________________________

Country: ____________________________________________ Phone: ____________________________

Payment details/reference, if paid prior to invoicing: ____________________________________________

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

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 of the following countries, please include VAT or tax ID.

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