

# 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)**

### **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 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 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 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](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.



# OpenText EnCE exam payment form

The cost of the examination is \$200 USD.

## Billing information

Individual/organization  
responsible for payment:

\_\_\_\_\_

Street:

\_\_\_\_\_

City:

\_\_\_\_\_

State/province:

Country:

\_\_\_\_\_

Zip/postal code:

Phone:

Payment details/reference,  
if paid prior to invoicing:

\_\_\_\_\_

Tax ID/VAT registration\*:

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 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	