



Application for Certified Forensic Security Responder

Please type or print clearly and check one (only if applicable):

I am currently employed by a company that provides forensic services. My organization has not prepaid for a testing voucher.

My organization has prepaid for a testing voucher.

Application information

Name: _____ Title: _____

Preferred mailing address and contact information for all CFSR-related items.
*Please provide a physical address; we cannot ship to P.O. boxes.

Address: _____
City: _____ State: _____ Zip: _____

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

Email: _____

Experience or training qualifications (choose one)

Work experience

I have _____ collective months of experience.

Current organization information

Organization Name: _____
Address: _____
City: _____ State: _____ Zip: _____

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

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.

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