

# Certification Application

technolytics

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Alias (in full) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever filed for bankruptcy?  YES  NO

What is your current credit score? \_\_\_\_\_ Credit Bureau Name: \_\_\_\_\_

Have you ever been convicted of a crime?  YES  NO

If **YES** explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under investigation?  YES  NO

If **YES** explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(continued)*

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Have you ever held a Security Clearance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Specify: \_\_\_\_\_

Do you hold an active Security Clearance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Expiration Date: \_\_\_\_\_ DoD \_\_\_\_\_ DOE \_\_\_\_\_ Other

Please Specify: \_\_\_\_\_ (Secret, Top Secret, SCI, Other)

Is a copy of your current passport attached? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you served in the military? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES what Branch? \_\_\_\_\_

Date of Service From \_\_\_\_\_ to \_\_\_\_\_

References – Provide three satisfactory references from officers or executives of client organizations.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment – Provide the last three places you were employed.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any other pertinent information.

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*(continued)*

## *PROJECT SUMMERIES*

### Summary #1

Company or Client Name:

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Project or Work Description:

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Results:

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### Summary #2

Company or Client Name:

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Project or Work Description:

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Results:

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### Summary #3

Company or Client Name:

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Project or Work Description:

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Results:

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Please identify any addition information you feel relevant to this certification.

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*Use additional page or pages if necessary.*

I attest and confirm that the above information is true, accurate and complete. By becoming a certificant, you agree to abide by a professional code of conduct. The Technolytics Institutes

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reserves the right to suspend or revoke the credential of any certificant who is determined to have committed a violation of these requirements or otherwise failed to adhere to the tenets of this certification.

Certification Applying For:       CIPSC     CPISM     CCSO  
 Other: \_\_\_\_\_

I attest that the information I have provided in this application is accurate truthful and complete. Additionally, I agree to abide by all professional standards implied by this certification.

**APPLICANT**

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

