

Application For Certified Forensic Security Responder



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

- I am enrolled in the Incident Investigation and Host Intrusion and Methodology courses.

Indicate the location for which you are registered:

- Guidance Software-owned facility: _____
 Authorized Training Partner: _____

- My organization has prepaid for a testing voucher.

Provide your Guidance 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 to which you wish to receive your testing and log-in instructions.*

Organization Information

Current Agency/Company: _____
Street: _____
City: _____ State/Province: _____
Country: _____ Zip/Postal Code: _____
Daytime phone number: _____ Fax Number: _____
Email: _____

Previous Agency/Company: _____
Street: _____
City: _____ State/Province: _____
Country: _____ Zip/Postal Code: _____

During and after completion of the certification process, how would you like your information handled? Would you like public recognition of your achievement? Option 2 will be assigned if no boxes are checked.

- Yes, my contact information and CFSR status are releasable to persons who request information from Guidance Software, Inc.
 Name and contact info available online in a CFSR database for consultant referrals.
- No, I do not want Guidance to publicize my CFSR status but I acknowledge and agree that Guidance may release such information if they receive a valid subpoena.

Experience or Training Qualifications (choose one):

- **Experience Qualifications:** Number of **months** of forensic security experience _____.
Please list experience related to forensic security. This may include but is not limited to cyber attack preparation and detection, prioritization, root-cause analysis, containment, investigation of malware, response to computer-related incidents where unauthorized access was gained into a network or computers within a network, and remediation and recovery. Also include names of employers if any. If you run out of room, you may include additional pages.

- **Training Qualifications:** Please provide documentation confirming that you have completed 64 hours of computer forensics training.

Guidance Training

Guidance-provided course:

Start Date: _____ Location: _____

Start Date: _____ Location: _____

Training Qualification (other than Guidance 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: _____

Statement of Qualifications:

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: _____

- Digitally certified signed applications may be submitted via email with attachments to certification@guid.com.
- Hand-signed applications must be mailed with attachments to:
Guidance Software, Inc.
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. More information is available at https://www.guidancesoftware.com/training/certifications?cmpid=nav_r