



FITSP Certification Application Form – Endorsement #1

The following is an endorsement for (FITSI Certification Applicant's Full Name):

(Endorser instructions: Please complete and sign this endorsement form by hand (wet signature) or electronically (a public key digital signature or typed signature) and return it to the endorser. You must be a supervisor, employer, manager, or certified peer of the Certification Applicant. A certified peer must hold one of the certifications listed in Section 5.B of version 2.2 of the *FITSI Certification Application Form*.)

The person providing the endorsement needs to complete the following information:

Endorser's Information:

Endorser's Name: _____ Title: _____

Business Address: _____

Daytime Phone: _____ Email: _____

Years professionally associated with Applicant: _____

To the best of your knowledge, does the Certification Applicant possess at least five years of information security experience? _____

Do you consider the Certification Applicant to be a person of good moral character? _____

Brief description of the professional relationship with the Certification Applicant and their duties: (Include supporting professional details specific to the Certification Role)

Endorser's Attestation

I, _____, attest that the information given above is accurate and true. I agree to provide any additional information requested by FITSI.*

Signature of Endorser

Date

* I acknowledge that this form may be electronically signed and agree that an electronic signature shall have the same force and effect as a handwritten signature for the purposes of validity, enforceability, and admissibility.