



FITSP Certification Application Form – Endorsement #2

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.