

OpenText[™] EnCase[™] Certified Examiner (EnCE) application

Please type or print clearly and check one i	т аррисаріе.							
 I am enrolled in the OpenText™ EnCE™ Politicate the location where you are register OpenText™-owned facility: Authorized training partner: 	-							
My organization has prepaid for a testing voucher. Provide your OpenText™ EnCase Training reference number:								
I will be taking the Phase I test at OpenText [™] Enfuse [™] Conference.								
Application Information								
Last name:	First: Middle:							
Name spelling/format for certificate:								
Preferred mailing address and contact information for all EnCE-related items. *Please provide a physical address; we cannot ship to P.O. boxes. Street number/name:								
City:	State/province:							
Country:	•							
Phone:	Zip/postal code: Fax:							
FIIOITE.	rax.							
**Please provide the email address where y instructions.	ou wish to receive your testing and log-in							
Primary email:	Secondary email:							
Experience and training qualifications								
Work experience								
Experience qualifications. Number of collective months of digital forensics experience:								
Current organization information								
Current organization/agency name:								
Title/department:								
Street number/name:								
City:	State/province:							
Country:	Zip/postal code							
Phone:	Fax:							

Please list the experience related to do noted above. This may include but is testimony. If necessary, include addit	not limited to, imaging,						
Past organization information							
Previous organization/agency name:							
Title/department:							
Street number/name:							
City:	State/pro	vince:					
Country:	Zip/posta	l code					
Training completed Training qualifications. Please proviours of digital forensics training.		ning that you have	completed 64				
OpenText [™] EnCase [™] Training (Op	OpenText [™] EnCase [™] Training (OpenText-provided EnCase course):						
Start date:	Location:						
Start date:	Location:						
Additional training (other than End Title of training course: Number of classroom hours: Agency/company providing training:	Case Training): Dates of training:	to					
Title of training course: Number of classroom hours: Agency/company providing training:	Dates of training:	to					
Title of training course: Number of classroom hours: Agency/company providing training:	Dates of training:	to					

I certify that I meet the experience and/or training requirements to apply to become an OpenText EnCase Certified Examiner. The information contained in this application and attachments are true and correct to the best of my knowledge.						
Signature:			Date:			
	Submit applications signed with a digital certificate or hand-signed and scanned along with supporting documentation via email to: EnCaseCertification@opentext.com. Hand-signed applications and supporting documentation may be mailed to: OpenText 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.						
The	e cost of the examination is \$500 USD.					
Ind	ling information lividual/organization responsible for payment eet number/name:	:				
City	y:	State/province:				
Co	untry:	Zip/po	stal code	Phone:		
Pa	yment details/reference if paid prior to invoici	ing:				
Tax	x ID/VAT registration*:					
	yment options: elect one) Purchase order	et 30 🗌	Credit card	Money transfer ☐		
Do not provide payment details on this form or include payment with the completed form; indicate your preferred payment option and you will be contacted for the details.						

*If the organization responsible for payment is tax exempt, please attach documentation. If the organization is based in one the following countries, please include VAT or tax ID.

Albania Argentina Australia Austria Bahrain Belarus Belgium Bolivia Brazil Bulgaria Canada Chile Colombia Costa Rica Croatia Cyprus Czech Republic Denmark

Dominican Republic Ecuador El Salvador Estonia Finland France Germany Greece Guatemala Honduras Hungary Iceland India Indonesia Ireland Isle of Man Italy

Kuwait

Latvia Lithuania Luxembourg Malta Mexico Monaco Netherlands Nicaragua Norway Panama Paraguay Peru **Philippines** Poland Portugal Qatar Romania Russia

San Marino
Saudi Arabia
Serbia
Slovakia
Slovenia
South Africa
Spain
Sweden
Switzerland
Turkey
Ukraine
United Arab
Emirate

United Kingdom Uruguay Venezuela

12/2/2021