

Certified Protection Professional (CPP) Exam Application

This application consists of six pages.

To complete an application online, visit www.asisonline.org/store.

Instructions to Applicants:

1. Type or clearly print all information.
2. Please note the form below has been designed for data input. You must follow specific instructions for completing this part of the application.
3. If college education is used to meet qualifications, an official certified transcript or verification must be sent directly to ASIS' headquarters from the institution, prior to sitting for the exam. Applicants will not be allowed to take the exam unless official verification is received from the educational institution.
4. Complete all pages of the application.
5. Be sure that your signature appears in ink at the end of the application (page 20).
6. Application fee (check or money order payable to ASIS International in U.S. dollars and drawn on a U.S. bank) must accompany the application. Applications, along with any supporting documentation, may be faxed or mailed to ASIS. All faxed applications must include credit card payment.

Applications must be completed in full prior to submission.

Check if this application is for re-examination.

Complete the areas below. Please type or print clearly using black ink.

Name: First _____ Middle initial _____ Last _____

Prefix (Mr., Mrs., Ms.) _____

ASIS member no. (if applicable) _____

Please send CPP-related mail to: Business address Home address

Title _____

Business/company name _____

Street address _____ Room no. or P.O. box _____

City, state or province if applicable, country, ZIP/postal code _____

Business phone (include country/city/area code) _____

Fax (include country/city/area code) _____

E-mail _____

Home address _____

City, state or province if applicable, country, ZIP/postal code _____

Home phone (include country/city/area code) _____

Indicate whether this information reflects a change of address to use in updating your ASIS membership record: Business Home

Please check here if you are disabled or require special services. Indicate your needs or requirements:

Security Management Experience

Professional protection experience must include security experience in position(s) indicating responsible charge (see page 2 for the definition of responsible charge). Show the progressive history of your security career and account for at least the minimum years required for certification. Part-time or secondary positions do not meet the experience or responsible charge requirements.

List each full-time assignment in reverse chronological order, beginning with your present position. **Do not show job title only.** Summarize each assignment, giving sufficient detail to signify the degree of responsibility, the nature of the decisions you were required to make, and additional duties required by the position.

Dates of employment: From (Mo._____/Yr._____) to (Mo._____/Yr._____)	
Name of employer _____	
Address _____	
Position title/rank/civilian grade _____	Total months in this assignment _____
Name and title of immediate supervisor _____	
Business telephone of immediate supervisor _____	
Number of personnel under your supervision _____	Responsible charge <input type="checkbox"/> is claimed <input type="checkbox"/> is not claimed
Major product or service of this employer _____	
Summary of work assignment (Do not use this space merely to refer to an attachment.)	

Dates of employment: From (Mo._____/Yr._____) to (Mo._____/Yr._____)	
Name of employer _____	
Address _____	
Position title/rank/civilian grade _____	Total months in this assignment _____
Name and title of immediate supervisor _____	
Business telephone of immediate supervisor _____	
Number of personnel under your supervision _____	Responsible charge <input type="checkbox"/> is claimed <input type="checkbox"/> is not claimed
Major product or service of this employer _____	
Summary of work assignment (Do not use this space merely to refer to an attachment.)	

Dates of employment: From (Mo._____/Yr._____) to (Mo._____/Yr._____) _____

Name of employer _____

Address _____

Position title/rank/civilian grade _____ Total months in this assignment _____

Name and title of immediate supervisor _____

Business telephone of immediate supervisor _____

Number of personnel under your supervision _____ Responsible charge is claimed is not claimed

Major product or service of this employer _____

Summary of work assignment (Do not use this space merely to refer to an attachment.)

Dates of employment: From (Mo._____/Yr._____) to (Mo._____/Yr._____) _____

Name of employer _____

Address _____

Position title/rank/civilian grade _____ Total months in this assignment _____

Name and title of immediate supervisor _____

Business telephone of immediate supervisor _____

Number of personnel under your supervision _____ Responsible charge is claimed is not claimed

Major product or service of this employer _____

Summary of work assignment (Do not use this space merely to refer to an attachment.)

Dates of employment: From (Mo._____/Yr._____) to (Mo._____/Yr._____) _____

Name of employer _____

Address _____

Position title/rank/civilian grade _____ Total months in this assignment _____

Name and title of immediate supervisor _____

Business telephone of immediate supervisor _____

Number of personnel under your supervision _____ Responsible charge is claimed is not claimed

Major product or service of this employer _____

Summary of work assignment (Do not use this space merely to refer to an attachment.)

Professional References

Professional references must be individuals who have personal knowledge of and can validate your security expertise, current and previous work history, and the degree of responsibility held in the performance of your job. You should not use anyone as a reference who falls under your supervision. Do not use relatives, members of the PCB, or ASIS staff as references. Three professional references are required.

1. Name _____ Job title _____

Professional relationship _____ How long known _____

Address _____

Home phone _____ Business phone _____ CPP: Yes No

2. Name _____ Job title _____

Professional relationship _____ How long known _____

Address _____

Home phone _____ Business phone _____ CPP: Yes No

3. Name _____ Job title _____

Professional relationship _____ How long known _____

Address _____

Home phone _____ Business phone _____ CPP: Yes No

Post-secondary Education

If education is used to meet qualifications, an official certified transcript or verification of degree must be submitted to the ASIS Certification Program Office by the educational institution before the candidate is considered eligible to test. Please provide the following information for the institution from which you earned your highest degree.

School name _____

School address _____

Attended: From (Mo._____/Yr._____) to (Mo._____/Yr._____)

Academic years completed _____ Degree earned (must be B.A. or higher) _____

Major _____ Minor _____

Have you requested a copy of your official transcript to be sent to the Certification Program Office?

Yes No

Testing Dates and Locations

USA and Canada: The CPP exam is administered as a computer-based test throughout the USA and Canada. After receiving your authorization letter, you will receive further instructions on selecting a convenient date and location for taking your exam. For the latest information regarding test sites, please call Prometric at 800-699-4975, or refer to www.prometric.com.

International: Check www.asisonline.org/certification/cpp/steps/internationalTestCenters.xml for information on CPP exam dates and test sites. From the Web site list, choose the exam site and date you prefer and enter it below.

Site _____ Date _____

Eligibility Information

1. Have you ever been convicted of a crime (or in military service convicted by a general court-martial) or is there any criminal charge now pending against you?
 YES NO If answer is YES, explain fully on a separate sheet.
2. Have you ever had a professional membership, license, registration, or certification denied, suspended, or revoked (other than for lack of minimum qualifications or failure of an exam)?
 YES NO If answer is YES, explain fully on a separate sheet.
3. Have you ever been censured or disciplined by any professional body or organization?
 YES NO If answer is YES, explain fully on a separate sheet.

If the answer to one or more of these questions is YES, explanations on signed and dated separate sheet(s) may be placed in a sealed envelope for confidentiality. This information will not be circulated outside the Professional Certification Board. An affirmative answer does not necessarily mean rejection of your application. (Please omit minor traffic violations and offenses committed before your 18th birthday.)

The applicant must not have been convicted of any criminal offense that would reflect negatively on the security profession, ASIS, or the certification program.

Applicant Declaration

I certify that all information I have provided in this application, including any attachments, is accurate and complete to the best of my knowledge. **I also understand that I must adhere to the Code of Professional Responsibility. I give consent for all referenced persons to provide information concerning me and/or my application, and I release each such person from liability for providing information to ASIS, the PCB, and its agents.** Any false or misleading statement, misrepresentation, or concealment or material omission of the information I have provided or failed to provide on my application and attachments may be ground for rejection of my application, or if already certified, of the "Certified Protection Professional" designation.

Signature _____ Date _____

Fees and Method of Payment

Total fee must accompany this application.

Make checks payable to ASIS International in U.S. dollars; checks* must be drawn on a U.S. bank.

Wire transfers: Applications with wire payments are due one month prior to the deadline date accompanied by a copy of transfer document.

*A charge of \$25 (U.S.) will be assessed on returned checks.

USA and Canada

- ASIS members: \$300 Retesting: \$200
- Nonmembers: \$450 Retesting: \$200

International

- ASIS members: \$200 Retesting: \$100
- Nonmembers: \$350 Retesting: \$100

Please charge my: American Express MasterCard Visa Amount \$ _____

Account No. _____ Exp. _____

Cardholder _____ Name (as it appears on card) _____

Mail or fax completed application to:

**ASIS International
Certification Application
1625 Prince Street
Alexandria, VA 22314-2818
Fax: 703-518-1515**

Did You Remember...

- **To order official college transcripts (if required)?**
- **To include your signature and date on the application?**
- **To include payment in U.S. dollars with the application?**