

## 2015 Request to Sponsor Form for CPP, PSP, and/or PCI Examinations

### Important Examination Deadline Dates:

*(Please note: The testing agency closes the exam approximately 4 weeks prior to the exam date.)*

| Exam Dates: | Request to Sponsor Form Due | Test Application Due |
|-------------|-----------------------------|----------------------|
| May 2       | February 1                  | March 1              |
| November 7  | June 1                      | August 1             |

### (Please print or type information):

Chapter Name and Number: \_\_\_\_\_

Chapter Chair: \_\_\_\_\_

ASIS #: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
(include country/city code)

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### Exam Contact – (if other than above):

Name: \_\_\_\_\_ Chapter position \_\_\_\_\_

ASIS #: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_  
(include country/city code)

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Address of where to express ship documents. This must be provided.

### (No Post Office Boxes):

Street: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Would you like a conference call with the certification staff to go over the procedures manual?

\_\_\_\_ Yes \_\_\_\_ No.

If yes, please provide at least two date preferences and time zone information

**Please check exam date(s) and number of applicant(s) below:**

| 2015           | May 2 | November 7 |
|----------------|-------|------------|
| CPP Applicants |       |            |
| PCI Applicants |       |            |
| PSP Applicants |       |            |

**Note:** The CPP exam should be administered in a separate room from PSP and PCI; the ASIS Certification Director must approve any exceptions. The PCI exam is given in English only.

Name and Complete address of exam facility (including Room Number)  
**(No Post Office Boxes):**

Name: \_\_\_\_\_

CPP Exam Room #: \_\_\_\_\_ PCI Exam Room #: \_\_\_\_\_ PSP Exam Room #: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Tel: #: \_\_\_\_\_ (include country/city code)

Exam Facility Charge (if any): \$ \_\_\_\_\_ USD

Will the chapter be sponsoring a review course? \_\_\_\_\_

If yes, select type of review program: \_\_\_\_\_ CPP \_\_\_\_\_ PSP \_\_\_\_\_ PCI

Provide contact name, ASIS member #, telephone, e-mail and dates(s) of program.

\_\_\_\_\_

By signing this form I agree that the exam contact person & I the Chapter Chair have read and fully understand the Procedures for Sponsoring an International Examination and International Examination Regulations.

Chapter Chair Signature

Date

Email to: certification@asisonline.org

• Fax to: 703-518-1515

**For use by ASIS International:**

\_\_\_\_\_  
Approved - Signature

\_\_\_\_\_  
Date