

2017 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. **We are unable to accept applications after the application due dates.**)*

| Exam Dates: | Request to Sponsor Form Due | Test Application Due - FINAL |
|-------------|-----------------------------|-------------------------------------|
| May 6 | February 1 | March 1 |
| November 4 | 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:

| 2017 | May 6 | November 4 |
|----------------|-------|------------|
| 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