



ASIS International Certification Re-exam Application

I am applying to take the exam for:

Certified Protection Professional



Professional Certified Investigator



Physical Security Professional



Name: First Middle initial Last

Prefix (Mr., Mrs., Ms.) ASIS member number (if applicable)

Please send certification mail to: Business Home address

Title

Business/company name

Business address Room no. or P.O. box

City State/Province ZIP/Postal code

Business phone (include country/city/area code)

Email address Fax (include country/city/area code)

Home address

City State/Province ZIP/Postal code

Home phone (include country/city/area code)

Fees and Payment Submission

Make checks payable to ASIS International in U.S. dollars drawn from a U.S. bank. A charge of \$25 USD will be assessed on returned checks.

Applicants paying by wire transfer should include a copy of the transfer receipt with their application.

Applications submitted by fax must include credit card payment.

I AM APPLYING FOR:

Computer based test:

ASIS members Retest: \$200 Nonmembers Retest: \$200

Pencil and Paper based test:

ASIS members Retest: \$100 Nonmembers Retest: \$100

*Applicable only to the locations below. Paper and pencil exams are only administered the first Saturday of May and November. Please indicate your preferred test location:

Australia, Queensland Costa Rica Ecuador Panama
Nigeria, Port Harcourt Nigeria, Lagos Jamaica Trinidad & Tobago

For more information, visit www.asisonline.org/paperpencil

Please charge: MasterCard Visa American Express Discover

Cardholder name

Card number Expiration date

Authorized amount

Cardholder signature

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 you answered yes to any of the above questions, you must submit a complete explanation of the circumstances surrounding the proceedings, including a narrative describing the items outlined below before your application will be complete.

- The location at which the incident occurred
- The outcome of the proceedings
- The date on which the incident occurred
- Any penalty or sentence to be fulfilled or completed

All application materials that are submitted remain confidential. The application approval time is dependent upon the completeness of the information provided. The applicant must not have been convicted of any criminal offense that would reflect negatively on the security profession or the certification program.

Application 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 Certification 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 grounds for rejection of my application, or if already certified, my certification designation.

Signature (signature must be in ink)

Date

This page is part of the certification application. Please return with your application.

Attestation of Continued Eligibility for Certification

By my signature, I attest that the information I submit herein or in any required accompanying or subsequent documentation is true and accurate to the best of my knowledge.

I understand that persons who apply for certification as a Certified Protection Professional (CPP), Professional Certified Investigator (PCI), or Physical Security Professional (PSP) or persons who have been certified by ASIS International, are subject to ASIS International's eligibility requirements for certification, recertification and to the ASIS Certification Code of Professional Responsibility.

I understand that in order to maintain my certification, I must re-certify every three years by reporting a specified number of Continuing Professional Education (CPE) credits, in accordance with ASIS policy and procedures for submitting such reports. I understand that CPE credits may be earned through education programs and courses and other activities, and that all CPEs must conform to the requirements specified in ASIS International's Recertification Guide. I further understand that from time-to-time ASIS International may amend its requirements, policies, and procedures to include: initial certification, recertification, and the Code of Professional Responsibility.

I also understand that I may be subject to audit at any time and that ASIS International reserves the right to take action for failure to comply with the audit procedures.

While holding ASIS International certification, I agree to notify ASIS International in writing immediately if I fail to comply with any of the requirements for gaining or maintaining certification or recertification, such as, but not only limited to, no longer being in the profession, no longer holding Lifetime Retired status due to returning to full-time employment, failing to earn the number of CPE credits needed to maintain certification or to be recertified, or having been disciplined – including suspension, expulsion or loss of the credential – as a result of having been found in violation of the ASIS Code of Professional Responsibility. I also agree to notify ASIS International in writing of any address or name change(s) within thirty (30) days after the change becomes effective.

If requested to do so, ASIS International may verify my certification status.

I attest that I have completed all certification and/or recertification requirements.

By checking this box, I agree with and understand the declaration and attestation agreement.

Print Name: _____ ASIS ID#: _____

Date: ____/____/____
Month / Day / Year