B. Endorser #2

The following information is to be completed by the person providing the endorsement Endorser's Information: Endorser's Name: Profession and Title: Business Address: Daytime Phone: Contact Email: Years professionally associated with Applicant: To the best of your knowledge does the candidate possess at least five years of information security experience? Do you consider the candidate to be a personal of good moral character? Brief description of the professional relationship with the applicant and applicant duties: (Include supporting professional details specific to the Certification Role) I,, attest that the information given above is accurate and true. I agree to provide any additional information requested by FITSI.	The following is an endorsement for (FITSI Certification Candidate full name):
Endorser's Name: Profession and Title: Business Address: Daytime Phone: Contact Email: Years professionally associated with Applicant: To the best of your knowledge does the candidate possess at least five years of information security experience? Do you consider the candidate to be a personal of good moral character? Brief description of the professional relationship with the applicant and applicant duties: (Include supporting professional details specific to the Certification Role)	The following information is to be completed by the person providing the endorsement
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Signature of Endorser Date	Signature of Endorser Date