
B. Endorser #2

The following is an endorsement for (FITS I Certification Candidate full name):

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.

Signature of Endorser

Date