

Endorser #2

(Endorsers must be a supervisor, employer, manager, or certified peer. A certified peer must hold one of the certifications listed Section 4.B of version 2.0 the *FITSI Certification Application Form*.)

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

The person providing the endorsement needs to complete the following information:

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 person 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