



THIS FORM CAN BE FILLED OUT USING YOUR COMPUTER

CISEC, Inc. P.O. Box 188 Parker, CO 80134 Ph: 720) 235-2783 Fax: 303-841-6383 www.cisecinc.org

USA PROCTOR FORM

Form with fields for First Name, Middle Initial, Last Name, Company or Agency, Mailing Address, City, State/Province, Zip/Postal Code, Office Phone, Fax, Home or Cell Phone, Email Address.

Once you have been accepted by CISEC, Inc. to sit for a Level 1, Level 2 or Level 3 Examination and seek to have your test administered by a proctor, the following form will need to be completed and submitted to CISEC, Inc.

Option 1: I want to sit for the Certification Examination at (City and State) on (Date of Test). It is my understanding that there are no additional fees for this option and a CISEC instructor will proctor the test.

Option 2: The following person meets CISEC, Inc.'s proctor criteria as found at www.cisecinc.org and has agreed to administer my examination. It is my understanding this option requires a \$50 administrative fee as well as CISEC, Inc. approving, and receiving a signed contract from, the proctor.

Proctor Name: CISEC No. Proctor Company or Agency: Proctor Mailing Address: Proctor City: Proctor State: Zip Code: Proctor Main Phone: Proctor Fax: Proctor E-Mail: Enter the Test Date (if known): Enter Time of the Test (if known):

I have selected Option 2 and agree to pay the \$50 administrative fee. Payment Information: Check No. P.O. No. Fill out the following if you are paying by credit card: VISA or MasterCard American Express Expiration Date Security Code Exact Billing Name for Credit Card Billing Zip/Postal Code Authorized Signature Date

THIS FORM MUST BE SUBMITTED AT LEAST TWO WEEKS BEFORE ADMINISTRATION OF THE TEST

Signature: Today's Date:

Please send payment form and accompanying material to CISEC, Inc. P.O. Box 188 Parker, CO 80134 OR Fax: 303-841-6383 E-Mail: accounting@cisecinc.org Call 720-235-2783