



Center for Comprehensive Security

Certification and Education in Security Convergence

Registration for CCS Training Course

Please print legibly in black or blue ink

Applying For: _____ (Select Level)

Course Date _____ CACS

Location _____ CPCS

Name: First Middle Last

Street Address (not PO Box) City State Postal/Zip Code Country

CCS Membership Number ('Pending' if new member) Date of Birth

Email Address Phone No. (Personal) Phone No. (Business)

Current Occupation Employer Exact Job Title

I certify that the information contained in this application is true and complete, and I pledge to uphold the Center's Code of Ethics. I understand that false or omitted information can be cause for my application to be denied or membership and/or certification to be revoked, as can violations of the CCS ethics code.

I further authorize the Center for Comprehensive Security to investigate and verify my background and information provided. I authorize any person or entity to provide information or documentation to the Center for Comprehensive Security or their agents as requested as part of this or further investigation.

Printed Name Date Signature

Office use only:

Date Received _____

Verification _____

Disposition _____

Response Sent _____

Other: _____

Payment Information:

CCS Training Course [Includes Exam]
(CACS \$375, CPCS \$875) _____

Exam Only (CACS \$195, CPCS \$295) _____

Application Fee (+\$30) [or Waiver Code] _____

Total Enclosed: (Training Fee + Appl Fee) _____

Payment Method: Money order Check (# _____)

Checklist for applicants:

- Course Level, Dates, and Location indicated
- Completed Application signed and included
- Copies of all supporting documentation included
- Copy of government-issued picture ID included
- Payment totaled & included (USD only)

Return Payment, Application Forms and Documentation to:
Center for Comprehensive Security, Dept T
2566 Shallowford Rd, Suite 104-360
Atlanta, Georgia 30345 usa

Or Option 2: Mail payment as above and Fax documents and application to: 404-393-9319

Course / Exam Selection

- CACS Course (includes exam) CACS Exam only
 CPCS Course (includes exam) CPCS Exam only

_____ CACS Cert #

Minimum Experience Requirements:

- CACS Course & Exam 2 yrs Physical or Technical Security
 CACS Exam only 2 yrs Physical or Technical Security + 1 year in the other
 CPCS Course & Exam 4 yrs Physical or Technical Security
 CPCS Exam only 4 yrs Physical or Technical Security + 2 years in the other

I hereby certify that I have:

_____ years of Physical Security experience _____ years of Technical Security experience

Experience:

Please complete the following, detailing your previous security experience. (Please use additional copies of this page if needed.)

_____ Civilian / Military; Technical / Physical
 Company /Unit Dates Employed/Served (MM/YY - MM/YY) Experience Type (circle one of each)

_____ Company Address City State Postal/Zip Code Country

_____ Supervisor's Name Supervisor's Title/Rank Supervisor's E-Mail Supervisor's Phone No.

_____ Your Exact Job Title (+ Rank) Description of Duties

_____ Civilian / Military; Technical / Physical
 Company /Unit Dates Employed/Served (MM/YY - MM/YY) Experience Type (circle one of each)

_____ Company Address City State Postal/Zip Code Country

_____ Supervisor's Name Supervisor's Title/Rank Supervisor's E-Mail Supervisor's Phone No.

_____ Your Exact Job Title (+ Rank) Description of Duties

Be sure to include copies of documentation of your experience and certifications, and a clear copy of a government-issued picture ID, with your application and payment.

<u>Member Involvement in the Center for Comprehensive Security</u>	
Check the appropriate boxes to indicate your interests / areas you would like to be involved:	
<input type="checkbox"/> Certification Committee	<input type="checkbox"/> Liaison with other organizations
<input type="checkbox"/> Education Committee	<input type="checkbox"/> Continuing Education Program / CEU Audit
<input type="checkbox"/> Sponsorship Committee	<input type="checkbox"/> Organizing a CCS chapter in my area
<input type="checkbox"/> Membership Committee	<input type="checkbox"/> Public Relations Committee