

**Licensed Penetration Tester
Application**

Penetration Tester



THIS APPLICATION CONTAINS INFORMATION, DOCUMENT REQUIREMENTS FOR THE LICENSED PENETRATION TESTER PROGRAM. PLEASE COMPLETE ALL THE FIELDS IN THE APPLICATION FORM. USE SEPARATE SHEET OF PAPER FOR ADDITIONAL NOTES.

Requirements:

- 1. COMPLETE THIS APPLICATION FORM.
- 2. ATTACH A COPY OF YOUR RESUME AND CERTIFICATES. TRANSCRIPTS SHOULD INDICATE THE DEGREE AND DATE AWARDED, OR COURSEWORK COMPLETED TO DATE IF THE DEGREE HAS NOT BEEN GRANTED.
- 3. ATTACH THE RECOMMENDATION FORM. WE ACCEPT ONLY PROFESSIONAL AND ACADEMIC REFERENCES—NOT PERSONAL. INDIVIDUAL LETTERS ARE ACCEPTABLE ONLY IF ACCOMPANIED BY OUR RECOMMENDATION FORM.
- 4. ATTACH COPY OF CEH EXAM TRANSCRIPT AND CERTIFICATE
- 5. ATTACH COPY OF ECSA EXAM TRANSCRIPT AND CERTIFICATE
- 6. ATTACH A COPY OF POLICE VERIFICATION FROM YOUR LOCAL LAW ENFORCEMENT AGENCY
- 7. USD \$500 APPLICATION FEE MUST ACCOMPANY THE COMPLETED APPLICATION. NO ACTION WILL BE TAKEN ON ANY APPLICATION UNTIL THIS FEE HAS BEEN SUBMITTED. MAKE CHECKS PAYABLE TO “INTERNATIONAL COUNCIL OF E-COMMERCE CONSULTANTS”

Mail the application package to:

EC-Council
ATTN: LPT PROGRAM COORDINATOR
EC-COUNCIL
lpt@eccouncil.org

WE WILL CONTACT YOU AFTER VERIFYING THE SUBMITTED RECORDS. IF YOUR LPT APPLICATION IS ACCEPTED YOU WILL BE NOTIFIED BY E-MAIL. WE WILL THEN SEND YOU LPT COMPLIANCE AGREEMENT DOCUMENT. YOU WILL NEED TO SIGN THIS DOCUMENT AND RETURN BACK TO US. YOU WILL RECEIVE LPT CERTIFICATION MATERIALS BY DHL AFTER WE RECEIVE YOUR COMPLIANCE DOCUMENTS.

Checklist

- ☐ COMPLETE THIS APPLICATION FORM
- ☐ ATTACH COPY OF YOUR RESUME AND CERTIFICATES
- ☐ ATTACH THE RECOMMENDATION FORM
- ☐ ATTACH COPY OF CEH EXAM TRANSCRIPT AND CERTIFICATE
- ☐ ATTACH COPY OF ECSA EXAM TRANSCRIPT AND CERTIFICATE
- ☐ ATTACH A COPY OF POLICE VERIFICATION REPORT FROM YOUR LOCAL LAW ENFORCEMENT AGENCY
- ☐ PAYMENT OF USD 500

LPT ADMISSION APPLICATION
LICENSED PENETRATION TESTER (LPT) PROGRAM



SUBMIT TO: INTERNATIONAL COUNCIL OF E-COMMERCE CONSULTANTS, 6330 RIVERSIDE PLAZA LANE NW,ALBUQUERQUE NM 87120, USA
PHONE: 505-341-3228 FAX: 505-341-0050 E-MAIL: LPT@ECCOUNCIL.ORG

A MINIMUM 250-WORD STATEMENT OF LPT CAREER OBJECTIVES MUST ACCOMPANY THIS APPLICATION.
REMAINING CREDENTIALS MUST BE ON FILE .

DATE OF APPLICATION _____ DATE OF SUBMISSION _____

☐ LPT ☐ EC-COUNCIL TIGER TEAM

HAVE YOU PREVIOUSLY APPLIED TO THIS PROGRAM ☐ YES ☐ NO IF SO, WHEN? _____

HAVE YOU PREVIOUSLY ATTENDED THIS PROGRAM? ☐ YES ☐ NO IF SO, WHEN? _____

NAME _____
LAST FIRST MIDDLE

MAIDEN OTHER NAMES UNDER WHICH YOUR CREDENTIALS MIGHT BE LISTED

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
MONTH DAY YEAR

PRESENT ADDRESS _____
STREET

CITY STATE ZIP

COUNTRY

TELEPHONE () () ()
HOME WORK FAX

E-MAIL ADDRESS (IF APPLICABLE) _____

PRESENT ADDRESS TO BE USED UNTIL _____
MONTH DAY YEAR

PERMANENT ADDRESS _____
STREET

CITY STATE ZIP

COUNTRY

EMERGENCY CONTACT

NAME _____

TELEPHONE _____

ADDRESS _____
STREET

CITY STATE ZIP

COUNTRY

CITIZENSHIP INFORMATION

COUNTRY OF CITIZENSHIP _____

IF NOT A U.S. CITIZEN, WHAT IS YOUR VISA? ☐ F ☐ F1 ☐ F2 ☐ J1 ☐ J2 ☐ H1 OTHER _____

IF NOT A U.S. CITIZEN, ARE YOU A PERMANENT RESIDENT OF THE US? ☐ YES ☐ NO

WHAT IS YOUR FIRST LANGUAGE IF NOT ENGLISH? _____

TRAINING INFORMATION



SELECT THE CERTIFICATIONS YOU CURRENTLY HOLD:
ATTACH EXAM TRANSCRIPTS FOR EACH CERTIFICATION YOU SELECT BELOW.

☐ MCSE / MCSA

☐ CCNA/CCNP/CCIE

☐ OTHERS_____

☐ CISSP

☐ IBM / COMPTIA CERTIFICATIONS

GENDER ☐ MALE ☐ FEMALE

ACADEMIC RECORD

PLEASE COMPLETE THE INFORMATION BELOW, OR PROVIDE A RECENT RÉSUMÉ. IN ADDITION, YOU MUST SUBMIT AN LOCAL TRANSCRIPT FROM EACH COLLEGE OR UNIVERSITY, INCLUDING ANY INSTITUTION FROM WHICH CREDIT WAS AWARDED.

COLLEGES AND UNIVERSITIES ATTENDED	DEGREE(S) IF APPLICABLE	MAJOR	DATES ATTENDED	DATE(S) OF DEGREE(S)

EMPLOYMENT RECORD

PLEASE COMPLETE THE INFORMATION BELOW, OR PROVIDE A RECENT RÉSUMÉ.

ORGANIZATION	LOCATION	POSITION	DATES

EC-COUNCIL EXAM DETAILS

PLEASE PROVIDE THE FOLLOWING EC-COUNCIL EXAM SCORES YOU HAD PASSED.

CEH_____ ECSA _____

JOB POSITION

☐ SYS ADMIN

☐ CONSULTANT

☐ PROGRAMMER

☐ LECTURER

☐ TRAINER

☐ PENETRATION TESTER

☐ SECURITY RELATED_____

☐ OTHERS_____

THE INFORMATION ON THIS APPLICATION IS COMPLETE, FACTUALLY ACCURATE, AND HONESTLY PRESENTED AS OF THE DATE IT IS SUBMITTED.

SIGNATURE

DATE

SUBMIT TO: INTERNATIONAL COUNCIL OF E-COMMERCE CONSULTANTS, 6330 RIVERSIDE PLAZA LANE NW,ALBUQUERQUE NM 87120, USA
TEL: 505-341-3228 FAX: 505-341-0050 E-MAIL: LPT@ECCOUNCIL.ORG

TO BE COMPLETED BY THE APPLICANT

PLEASE PROVIDE THE FOLLOWING INFORMATION BEFORE GIVING THIS FORM TO THE RECOMMENDER.

APPLICANT’S NAME

DATE

BY SIGNING, I UNDERSTAND THAT THE OFFICIALS OF THE EC-COUNCIL WILL HOLD IN CONFIDENCE THE INFORMATION CONTAINED IN THIS RECOMMENDATION, AND I HEREBY WAIVE ANY RIGHTS TO EXAMINE IT.

APPLICANT’S SIGNATURE

DATE

TO BE COMPLETED BY THE RECOMMENDER

THE PERSON WHOSE NAME APPEARS ABOVE IS APPLYING TO THE EC-COUNCIL’S LICENSED PENETRATION TESTER CERTIFICATION PRORGAM AND HAS GIVEN YOUR NAME AS A RECOMMENDER. WE WOULD APPRECIATE YOUR GIVING US INFORMATION ABOUT THE CANDIDATE’S ABILITY TO WORK ETHICALLY AND UNDER PRESSURE, ABILITY FOR SELF-EXPRESSION IN WRITTEN AND ORAL FORM, RESPONSIBILITY, AND RELATIONSHIPS WITH SUPERVISORS, CO-WORKERS, AND OTHERS.

PLEASE PRINT

NAME

TITLECOMPANY

ADDRESS
STREET

CITYSTATEZIP

E-MAIL ADDRESS

TELEPHONE

HOW LONG HAVE YOU KNOWN THE CANDIDATE AND IN WHAT CAPACITY?

WOULD YOU RECOMMEND THE CANDIDATE FOR EC-COUNCIL’S LICENSED PENETRATION TESTER CERTIFICATION PRORGAM?

☐ YES, WITHOUT RESERVATION ☐ YES, WITH SOME RESERVATION ☐ NOT AT THIS TIME

IF YOU CHECKED “WITH SOME RESERVATION” OR “NOT AT THIS TIME” PLEASE ADDRESS THIS IN YOUR STATEMENT.

IN A BRIEF STATEMENT, PLEASE DESCRIBE THE MAJOR STRENGTHS AND WEAKNESSES OF THE APPLICANT AS A PENETRATION TESTER AND ATTACH IT TO THIS FORM.

RECOMMENDER’S SIGNATURE

MAY WE CONTACT YOU IN THE FUTURE?

YES☐ NO☐

ORIGINAL LETTERS OF NO RECORD OR CERTIFICATES OF GOOD CONDUCT ARE REQUIRED FROM THE POLICE AUTHORITIES IN ALL COUNTRIES IN WHICH YOU HAVE RESIDED FOR AT LEAST SIX MONTHS SINCE REACHING THE AGE OF 18.

Police Authorities

IT IS YOUR RESPONSIBILITY TO CONTACT THE POLICE OR RELEVANT AUTHORITIES TO OBTAIN THE NECESSARY LETTER/CERTIFICATE. YOU MAY HAVE TO PROVIDE INFORMATION OR DOCUMENTATION SUCH AS PHOTOGRAPHS, FINGERPRINTS OR YOUR ADDRESSES AND PERIODS OF RESIDENCE IN THAT COUNTRY. YOU MAY ALSO BE ASKED TO PAY A FEE FOR THE SERVICE.

USA Residents

ALL APPLICANTS OVER 18 YEARS OF AGE WHO HAVE RESIDED IN THE USA FOR SIX MONTHS OR MORE, ARE REQUIRED TO OBTAIN FBI CLEARANCE INDICATING THAT THEY HAVE NO CRIMINAL CONVICTIONS.

THE FBI ADDRESS IS:

**FBI, Criminal Justice Information
Services Division (CJIS Division),
SCU, Mod D-2,
1000 Custer Hollow Road,
Clarksburg, WV 26306
USA**

<http://www.fbi.gov/hq/cjisd/fprequest.htm>

EC-COUNCIL

6330 RIVERSIDE PLAZA LN NW,

SUITE 210,

ALBUQUERQUE, NM 87120,

USA

PHONE: +1-505-341-3228

FAX: +1-505-341-0050

[HTTP://WWW.ECCOUNCIL.ORG](http://www.eccouncil.org)

[LPT@ECCOUNCIL.ORG](mailto:LPT@eccouncil.org)