

CERTIFIED SECURE DESTRUCTION SPECIALIST (CSDS) ACCREDITATION EXAM APPLICATION



APPLICANT INFORMATION:

MR.
 MS.
 MRS.
 DR.
 OTHER(PLEASE SPECIFY):

NAME(AS IT APPEARS ON YOUR LEGAL IDENTIFICATION):

NAME(AS YOU WOULD LIKE IT TO APPEAR ON YOUR CERTIFICATE):

CONTACT INFORMATION:

| | |
|------------------|-------------------|
| TITLE: | |
| COMPANY: | |
| MAILING ADDRESS: | |
| CITY: | STATE/PROVIDENCE: |
| ZIP/POSTAL CODE: | COUNTRY: |
| PHONE: | |
| EMAIL: | |

EXAM LOCATIONS:

| | | |
|--------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> | Las Vegas, NV Annual Conference | Wednesday, March 22, 2017 @ 8AM |
| <input type="checkbox"/> | Phoenix, AZ- NAID Headquarters | Predetermined date as set by NAID |

PLEASE SELECT ONE (1) REQUIREMENT THAT YOU MEET:

- AT LEAST TWELVE (12) MONTHS EXPERIENCE WITH A SECURE DESTRUCTION COMPANY
- AT LEAST TWELVE (12) MONTHS EXPERIENCE WITH A COMPANY THAT PROVIDES SERVICES TO THOSE WHO ARE ACTIVE IN THE INFORMATION DESTRUCTION INDUSTRY
- AT LEAST TWELVE (12) MONTHS EXPERIENCE INVOLVED IN INFORMATION AND/OR SECURITY MANAGEMENT
- ALREADY POSSESS A RECOGNIZED DESIGNATION IN A RELATED FIELD (SUCH AS INFORMATION SECURITY, PRIVACY PRINCIPLES, PHYSICAL SECURITY OR RECORDS MANAGEMENT)
- VERIFY MINIMUM OF SIX (6) MONTHS QUALIFYING FULL-TIME WORK EXPERIENCE IN EITHER OF THE ABOVE MENTIONED FIELDS AND HOLD A BACHELOR'S DEGREE (Please attach documentation of your degree)

| | | |
|-----------------------------|---------------|--|
| Job Title: | | |
| Name of Company: | Phone Number: | |
| Start/End Date of Position: | Total Months: | |
| Job Description/ Duties: | | |
| | | |

I, _____, hereby and verify that all the information on this form is true. I also agree that NAID® has the right to call and confirm dates and location of employment.

X _____
(Print Name)

X _____
(Signature)

| NAID USE ONLY | | | | |
|--------------------------|--------------|------------------|--|---------------------------|
| Received: ____/____/____ | Mem #: _____ | Contact #: _____ | Funds given to Finance: ____/____/____ | Confirmed: ____/____/____ |



National Association for Information Destruction, Inc.

3030 N. Third Street, Suite 940, Phoenix, AZ 85012

Phone: (602) 788-6243 Facsimile: (480) 658-2088

Email: accounting@naidonline.org



NAID CSDS Exam Registration Payment Authorization

Application Fee (per site): US\$288 Member Fee US\$388 Non-Member Fee
 US\$189 Member Fee w/ Training Credit US\$289 Non-Member Fee w/ Training Credit

COMPANY NAME _____ **MEMBER #** _____

Method of Payment (select one):

PAYMENT BY CREDIT CARD – AmEx / MC / Visa / Discover (complete form below, print out and send via mail or fax. DO NOT email this form)

NAME (PRINT): _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CREDIT CARD # _____ **EXP** _____ **CVV** _____

SIGNATURE _____ **DATE** _____

FAX forms to 480.658.2088 or MAIL to 3030 N. 3rd St, Ste 940, Phoenix, AZ 85012
Questions: Please contact Katie Mahoney at (602)788-6243 or kmahoney@naidonline.org