



QAMP® Certification Application

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Contact Details

Family Name:

First Name:

Gender: Title:

Date of Birth:

Business Address:

Private Address:

Postcode/Zip:

Postcode/Zip:

Country:

Country:

Phone:

Phone:

Fax:

Fax:

Email:

Email:

Declaration:

I apply for QAMP registration. I agree to the publication of my name, contact and certification details in a register. I declare that the information provided is correct to the best of my knowledge.

Signature of Applicant

Date

Applicant Sponsors

Each applicant shall be sponsored by either employer or by two other people who have a business relationship with the applicant.

Sponsors are responsible for proving independent verification of the information contained in this application. In doing so, sponsors are requested to:

1. Ensure that the information contained in the application detailing work experience of the applicant is accurate
2. Only sponsor an applicant where information can be verified from personal knowledge or where objective evidence has been reviewed

Applicant Sponsors

Full Name:			Full Name:	
Relationship to applicant			Relationship to applicant	
Business Name and Address			Business Name and Address	
Postcode/Zip			Postcode/Zip	
Country			Country	
Phone			Phone	
Fax			Fax	
Email			Email	

Signature of sponsor Date

Signature of sponsor Date

Present Position

Name of Employer:

Department/business unit:

Title of your position:

Person you are reporting to:

Please describe your current responsibilities in detail

Admission

Certificates as listed below:

ISTQB® Certified Tester (Foundation Level)

Passed on _____ Certificate No. _____

IREB® Certified Professional for Requirements Engineering

Passed on _____ Certificate No. _____

ISTQB® Certified Tester (Advanced Level-Test Manager)

Passed on _____ Certificate No. _____

Or:

iSAQB® Certified Professional for Software Architecture

Passed on _____ Certificate No. _____

Or:

iSQI® Certified Professional for Project Management

Passed on _____ Certificate No. _____

Or:

iNTCCM® Certified Professional for Configuration Management

Passed on _____ Certificate No. _____

Or:

iSQI® Certified Professional for IT Security Management

Passed on _____ Certificate No. _____

Equivalent certificates recognized by iSQI:

Passed on _____ Certificate No. _____

Passed on _____ Certificate No. _____

For the current list please contact E-mail: info.quamp.org

Work Experience

Please complete showing your most recent position first.

Employment 1 -----

From (month/year) -----

To (month/year) -----

Employing organization -----

Your position -----

Your responsibilities -----

Employment 2 -----

From (month/year) -----

To (month/year) -----

Employing organization -----

Your position -----

Your responsibilities -----

Employment 3 -----
From (month/year) -----
To (month/year) -----
Employing organization -----
Your position -----
Your responsibilities -----

Employment 4 -----
From (month/year) -----
To (month/year) -----
Employing organization -----
Your position -----
Your responsibilities -----

Application Checklist

- Declaration signed by applicant
- Application signed by sponsor(s)
- Copy ISTQB® Certified Tester (Foundation Level) Certificate
- Copy IREB® Certified Professional for Requirements Engineering Certificate
- Copy ISTQB® Certified Tester (Advanced Level-Test Manager) Certificate
- Copy iSAQB® Certified Professional for Software Architecture
- Copy ISQI® Certified Professional for Project Management
- Copy iNTCCM® Certified Professional for Configuration Management
- Copy iSQI® Certified Professional for IT Security Management
- Copy _____
- Copy _____