



**Digital Forensics Certification Board
Excellence – Integrity - Objectivity**

TEST FORM

The Digital Forensic Certification Board ("DFCB") requires applicants to take the DFCB Test (the "Test"), which is administered online, using the testing resources of the University of Central Florida ("UCF"). In order to take the Test, UCF requires applicants to provide certain personal information. Such information is a requirement of UCF and, unless you agree to provide such information as described below, your application cannot be processed, nor should you pay any fees.

Since the DFCB test is administered online and is not proctored, you are required to provide a notarized affidavit and certification (see below) that you will use not use any assistance in taking the test. This affidavit is required and you are advised not to pay any fees unless and until this form is completed. Once you have provided the required personal information and included your notarized certification, this completed form should be **FAXED to DFCB** at: 407-823-0155

NOTICE: This completed form MUST BE FAXED directly to the DFCB and NOT UPLOADED, EMAILED or otherwise sent electronically. Methods of transmission other than direct fax directly to DFCB are done at the risk of the sender and may delay your application. DFCB, UCF and/or its affiliates assumes no responsibility for the confidentiality of such information transmitted by methods other than direct fax and assumes no responsibility, liability or risk of loss arising therefrom.

AFFIDAVIT AND CERTIFICATION OF APPLICANT

By my notarized signature below, I certify and affirm that I will not utilize any assistance whatsoever while taking the DFCB online test. I understand that taking the DFCB test is an individual effort. I will not access or utilize any reference or resource materials in any form while taking the test. I further understand that any subsequent determination of a violation of this oath and affidavit shall constitute a breach of the DFCB Code of Ethics and Standards of Professional Conduct and shall result in a revocation of my certification and membership.

Signed this ____ day of _____, _____
DAY MONTH YEAR

APPLICANT SIGNATURE

STATE OF _____)

COUNTY OF _____)

Before me, the undersigned notary public, in and for said county and state, personally appeared

_____ who, after being duly sworn did depose and say that he or she is informed and believes and on the basis of such information and belief states that the foregoing affidavit is true and correct.

Given my hand and seal the ____ day of _____, _____

NOTARY PUBLIC _____ My commission expires _____
[SEAL]

REQUIRED- APPLICANT PERSONAL INFORMATION

Email address

Date of Birth

Last 4 digits SSN

FAX TO: 407-823-0155