

## CWNE Applicant Endorsement Form

Please complete online, type or legibly print in black or blue ink all information. Sign and mail form to CWNP Program, PO Box 20063, Atlanta, GA 30325, USA, or fax to 866-422-8354.

### Candidate Information

First Name \_\_\_\_\_  
Last Name: \_\_\_\_\_  
CWNP Id: \_\_\_\_\_

### Endorser Information

First Name \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
(Do not use an anonymous email address such as Yahoo or Hotmail. Only valid company email addresses will be accepted for verification.)  
Phone: \_\_\_\_\_

### Endorsement

I, \_\_\_\_\_, hereby state that I am (select one):

- CWNE Certification # \_\_\_\_\_
- Licensed As \_\_\_\_\_  
License# \_\_\_\_\_ Licensing Body \_\_\_\_\_
- Commissioned As \_\_\_\_\_  
Commission# \_\_\_\_\_ Commission Body \_\_\_\_\_
- Certified As \_\_\_\_\_  
Certification# \_\_\_\_\_ Certifying Body \_\_\_\_\_
- Officer of Candidates Employer. Position Title: \_\_\_\_\_

and knowledgeable of, and in good standing within, the wireless networking profession. I hereby affirm that I personally know, or have researched and reviewed to the best of my ability, the work history and experience, reputation, and criminal history of the above-mentioned candidate and find that s/he meets the requirements of a CWNE as prescribed by the CWNP Program. Based upon my findings, I hereby endorse the above referenced candidate for the position of Certified Wireless Network Expert (CWNE).

Submitted this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.