

# Associates Program Application Form

Please print this form, fill it out, and then FAX it to the IOSS Registrar at (443) 479-4700.

## Please print legibly.

Contractors: Please provide the Government Agency sponsoring your major contract.

Name (Mr./Mrs./Ms.)(Military Rank): \_\_\_\_\_  
Government Agency: \_\_\_\_\_ Contractor(Y/N): \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Mailing Address - Business: \_\_\_\_\_  
Street Address/P.O. Box: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Associates Program Dates:

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Please indicate your preferred and alternate dates to work at the IOSS. Allow at least 30 days from application date. Plan on 3-5 days at IOSS.

Preferred Date: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

## Indicate OPSEC training attended or scheduled:

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OPSE-1300, OPSEC Fundamentals	Date: _____
OPSE-1301, OPSEC Fundamentals CBT	Date: _____
OPSE-2330, Threat Research for OPSEC	Date: _____
OPSE-2350, Web Content Vulnerability	Date: _____
OPSE-2380, OPSEC Practitioner's Course	Date: _____
OPSE-2390, OPSEC Program Manager's Course	Date: _____
Other: _____	Date: _____

## Management Endorsement (Required):

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Signature: _____	Printed Name: _____
Title: _____	Date: _____