

Exhibit A: CWNE Applicant Endorsement Form

Please type, or legibly print in ink. Sign and mail form to: CWNP, LLC., 2224 Sedwick Road, STE 102, Durham, NC 27713, USA. Alternate: email to cwne@cwnp.com or fax to 919.287.2952



Candidate Information

Name: _____

CWNP ID: _____

Endorser Information

Name: _____

Job Title: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Endorsement

I, _____, hereby state that I am (select):

- CWNE Certification # _____
- Licensed As _____
License# _____ Licensing Body _____
- Commissioned As _____
Commission# _____ Commission Body _____
- Certified As _____
Certification# _____ Certifying Body _____
- Candidates Employer, Manager or Co-Worker Position Title: _____

and knowledgeable of, and in good standing within, the wireless networking profession. I hereby affirm that I know, or have researched and reviewed 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 _____, 20____.

Signature of endorser: _____