



# CERTIFIED SMART CARD INDUSTRY PROFESSIONAL (CSCIP) APPLICATION

(All applicants must be LEAP members at the time of application)

LEAP Member Number:	LEAP member since:
Name:	Title:
Company:	Previous titles held, if any:
Mailing address:	
Telephone number:	E-Mail:
Number of years with current company:	
Supervisor/Manager Name:	Supervisor/Manager Title:
Supervisor/Manager Phone:	Supervisor/Manager E-Mail:

Most recent past Smart Card Industry employer (if less than two years at current employer)

Company:	Website:
Position(s) held:	Number of years with company:

Please summarize your smart card industry experience (a minimum of two years experience in a smart card-related field is required). Please limit your response to 100 words or attach separate sheet.

Identify two personal smart card industry references:

1. Name:	Title:
Company:	
Address:	
City/State/Zip:	Phone:
Email:	

2. Name:	Title:
Company:	
Address:	
City/State/Zip:	Phone:
Email:	

Note: If you cannot meet all of the above requirements, you may submit a letter or email documenting why you feel you are qualified for the CSCIP program, for review by the Smart Card Alliance.

I have read the LEAP/CSCIP terms and conditions manual and understand the requirements for the program

CSCIP application fee: \$50

Check (Please note "LEAP" on the memo line of the check, which must be drawn in US currency only. Payable to: Smart Card Alliance, 191 Clarksville Road, Princeton Junction, NJ 08550)

Credit card: Visa, MasterCard, American Express and Discover Card are accepted.

Name on Card:

Billing Address:

Credit Card Account No:

Expiration Date:



Fax completed form to: 1-609-587-4248

For questions, call 1-800-556-6828 or email us at [LEAPinfo@smartcardalliance.org](mailto:LEAPinfo@smartcardalliance.org)