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**Application for Re-Certification  
Certified Software Test Professional (CSTP)**

(To be submitted only after completing all re-certification requirements)

Name as you wish to appear on the certification plaque (Please print)

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Address where you want the plaque to be mailed:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE MAKE SURE THE FOLLOWING TWO REQUIREMENTS ARE SATISFIED:**

- I have completed the educational requirements
- I have enclosed a letter of support for the job experience requirement

**OPTIONAL:**

- I grant IIST the right to publish my name on its web site and other media as recipient of the certification

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail this application with the non-refundable processing fee of \$120 to the address below. The processing fee is to cover the cost of the engraved plaque and other record keeping expenses. All graduates are processed quarterly: March 31, June 30, and September 30, December 31

**Graduates will receive their graduation package approximately four weeks after the quarterly processing date.**

**Payments: Methods:**

U.S. Check - All checks should be made payable to Software Dimensions and mailed to the address below.

Credit Card - Fill out the information below if you would like to pay using a credit card. We will need a signature below in order to process your credit card information. We accept VISA, AMEX, MasterCard and Discover. This form should be mailed to the address below or faxed to: (763) 546-0075.

**Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**Card Holder name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mailing Address:**

International Institute for Software Testing  
636 Mendelssohn Ave. North  
Golden Valley, MN 55427

If you have any questions, please contact the Registrar at 763-546-0072.