



CISEC, Inc.
P.O. Box 188
Parker, CO 80134
Ph: (720) 235-2783
Fax: 303-841-6386
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CISEC RENEWAL PAYMENT FORM

Name _____ CISEC Number _____

Company/Agency _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email Address _____

Renewal Fee: \$35

Due Date: June 30

Amount Paid: \$ _____ Date Paid: _____ Signature: _____

Payment Information: Check VISA MasterCard American Express PO No. _____

Please fill out the following only if you are paying by credit card

Credit Card Number _____ Expiration Date _____ Security Code _____

Exact name as it appears on the credit card: _____

Mailing zip code of where this credit card is registered: _____

Authorized Signature _____ Today's Date _____

By renewing my certification:

- I will continue to abide by the CISEC, Inc. Code of Ethics located hereto as Exhibit A as an attachment to this renewal form and incorporated herein by reference.
- I will continue to perform inspection services in a professional and workmanlike manner and uphold professional standards in relating to the public, to other CISEC certified professionals, and to other professionals within the industry.
- I understand that I have to accumulate 36 Continuing Development Hours (CDHs) within three (and each succeeding multiple of three) years after receiving my CISEC designation.
 - Attached, please find a CDH form for educational hours earned as of this date.

Upon renewing my certification, CISEC, Inc. hereby agrees to:

- Allow me to continue using CISEC initials and number as part of my name and title.
- Provide notice of ongoing training opportunities within the industry.
- Provide a network of other professionals for technical support and advice.

I understand once CISEC, Inc. receives payment for this renewal, it will be effective beginning July 1 of this year and valid through June 30 of the following year. I further understand that CISEC, Inc. has the right to terminate this renewal if I violate this contract and/or the original Agreement I signed upon being designated as a CISEC.

Signature Required: _____ Date: _____

Please sign the form and make a copy for your files. Send the original completed form (with payment if paying by check) to

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