

## Digital Forensics Quality Solutions Proficiency Test Order Form

**1. Indicate the number and type of test(s) you would like to order: (REQUIRED)**

TEST NAME	Cost per Test	Number of Tests	Total
Series-2006	\$600 US Dollars		\$

(Series-2006 is designed to simulate forensic imaging and documentation of original evidence items, forensic image hashing, file system identification, partition and user-generated file hashing, and evidence handling. Media includes a hard drive and floppy disk.)

TEST NAME	Cost per Test	Number of Tests	Total
Series-2009	\$600 US Dollars		\$

(Series-2009 is designed to simulate forensic imaging and documentation of original evidence items, forensic image hashing, file system identification, volume name identification, hashing of user generated files, identification of forensic artifacts associated with email, graphic images, deleted files and archive files. Media includes a USB flash drive.)

<b>TOTAL ORDER (sum for all tests ordered)</b>	\$
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**2. Next, complete the information below (REQUIRED):**

Agency/Organization\_\_\_\_\_

Point of Contact Name\_\_\_\_\_

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

Post Office Box\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_Country\_\_\_\_\_

Zip or Postal Code\_\_\_\_\_

Telephone Number\_\_\_\_\_ Cell\_\_\_\_\_

Email Address\_\_\_\_\_

**Please complete the information directly below if you require Third Party Procurement**

Agency/Organization \_\_\_\_\_  
Point of Contact Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Post Office Box \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_  
Zip or Postal Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address \_\_\_\_\_

**3. Next, provide us with payment information (REQUIRED)**

**METHODS of PAYMENT: CREDIT CARD or PURCHASE ORDER**

**1. CREDIT CARD TYPE**

**(Visa, MasterCard, Discover, American Express only)**

**CREDIT CARD NUMBER** \_\_\_\_\_

**CREDIT CARD Security Numbers on back of card (3 numbers)** \_\_\_\_\_

**CREDIT CARD EXPIRATION DATE** \_\_\_\_\_

**NAME on CARD** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**FAX ORDER TO: 407-823-0155 to Attention DFQS**

**(UCF Continuing Education Department processes the credit cards)**

**OR**

**2. PURCHASE ORDER: Fax to 407-823-0155**

OR

**3. CHECK: Please make check payable to UCF Continuing Education**

Please mail the check along with the order form to:

UCF Continuing Education  
12565 Research Parkway, Suite 390  
Orlando, FL 32826  
Attn: DFQS - Maria Cherjovsky

For Order Questions: Call Carrie Whitcomb at 407-823-6469 or  
[whitcomb@mail.ucf.edu](mailto:whitcomb@mail.ucf.edu)

For Test-Related Questions: Call John Leeson at 407-823-6469 or  
[jjleeson@earthlink.net](mailto:jjleeson@earthlink.net)

\*Please see important reminders below.

**IMPORTANT REMINDERS**

Upon Completion of Test(s): USB Drives, CDs, and all other media that you received with your test must be returned to DFQS.

**WE CANNOT EVALUATE YOUR ANSWERS UNTIL WE RECEIVE THE ORIGINAL MEDIA.**

Your answers should be submitted electronically following the instructions within the CD.

Ship media only by ground carriers, such as Fed Ex, to:

The National Center for Forensic Science  
Attention: DFQS  
12354 Research Parkway, Suite 225  
Orlando, Florida 32826

**Shipping costs outside the USA will be shared by DFQS and test purchaser. DFQS will ship the test to the recipients outside the USA and the recipient will pay the same carrier to ship the test(s) back to DFQS. The return shipping address (no US Postal delivery) is:**

**The National Center for Forensic Science  
Attention: DFQS  
12354 Research Parkway, Suite 225  
Orlando, Florida 32826**