

# Registration for the ISTQB® Certified Tester exam



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 Subject: Certified Tester  
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<i>to be filled in by iSQI staff</i>
Kürzel iSQI-Mitarbeiter
Eingegangen am
Bearbeitet am

## Personal Data – private

\_\_\_\_\_  
Title, Last Name, First Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Position

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Zip Code, City

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Mobile

\_\_\_\_\_  
e-mail

## Business Data

\_\_\_\_\_  
Company

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Zip code, City

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Mobile

\_\_\_\_\_  
e-mail

Please mark the appropriate field and fill in the blanks:

### Exam type

**ISTQB Certified Tester Foundation Level**

- with accredited training
- without accredited training

**ISTQB Certified Tester Advanced Level - Test Manager**

- with accredited training
- without accredited training

**ISTQB Certified Tester Advanced Level - Test Analyst**

- with accredited training
- without accredited training

**ISTQB Certified Tester Advanced Level - Technical Test Analyst**

- with accredited training
- without accredited training

**Place (City, Country)**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Data Protection:** Before filling in the application form our [Data Protection Clause](#) has to be read.

**Candidate Signature**

**Date/Place**

\_\_\_\_\_

*Please note: The names of the successful exam candidates will be published on the website of the HASTQB. If you don't want your name to be published, please get in touch with the HASTQB ([www.hastqb.org](http://www.hastqb.org)).*