

**Colorado Threat Intelligence Sharing (CTIS)** serves Colorado’s state, county, municipal and tribal agencies by enabling interagency incident and cyber security information exchange.

CTIS members are other Colorado government security professionals. To ensure CTIS remains focused on cybersecurity information sharing, CTIS partnered with Homeland Security Information Network (HSIN). CTIS relies on HSIN for applicant employment verification. HSIN also serves as a collaboration platform. Threat intelligence sharing is currently performed outside of HSIN, via email.

<b>COLORADO THREAT INTELLIGENCE SHARING (CTIS) MEMBERSHIP APPLICATION</b>		
<b>APPLICANT INFORMATION</b> This section will be used by HSIN for employment verification.		
Name:		
Work Phone:	Cell Phone:	Title:
E-mail:		
If employment title does not have explicit security duties, describe security responsibilities:		
CTIS member nominating applicant:		
<b>EMPLOYMENT INFORMATION</b> This section will be used by HSIN for employment verification.		
Employer Name:		
Employer address:		
City:	State:	ZIP Code:
<b>MANAGEMENT CONTACT</b> This section will be used by HSIN for employment verification.		
Name: (ex. CIO, CISO...)		
Address:		Title:
Phone:	E-mail:	Fax:
<b>ORGANIZATIONAL SKILLS</b> This section will be used to document a library of skills upon which other organizations can refer for assistance.		
Describe security related skills or resources your organization is willing to share: (ex. Risk Management, Incident Handling, Forensics, Policy Creation, Application or Infrastructure Expertise...)		
<b>SIGNATURES</b>		
I authorize the verification of the information provided on this form as to my employment. I have received, reviewed and agree to the CTIS Membership Guidelines and confirm I meet the application requirements.		
Signature of applicant:		Date:
Signature of applicant’s manager:		Date:

**Applicant:** Submit completed application to CTIS member nominating you.

**Nominator:** Email application to [CTIS.Applicant@ColoradoSOS.gov](mailto:CTIS.Applicant@ColoradoSOS.gov)

with a subject line: “CTIS Membership Nomination Application: *Applicant’s Name*”.