



Alliance of Counter-Surveillance Specialists

# Member Application

Founding Member

2009 - 2010

Date \_\_\_\_\_

Yes I want to join the Alliance of Counter-Surveillance Specialists

Your First Name & Middle Initial \_\_\_\_\_

Your Last Name \_\_\_\_\_

Title or Position \_\_\_\_\_

Business Name \_\_\_\_\_

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Web Site \_\_\_\_\_

## Membership Classifications

Please Select One

### Specialist Members

This membership classification is for individuals and businesses that engage in the TSCM profession and meet at minimum Category B Instrumentation and Training Requirements. Specialists are eligible to display the ACSS logo and receive a statewide listing in ACSS TSCM sweep team locator.

Annual Dues \$25

### Security Professional & Allied Industry Members

This membership classification is open to individuals responsible for corporate security, law enforcement and others whose professional responsibilities include TSCM. This category also includes government entities, manufacturers of TSCM equipment and any other business allied with the TSCM industry.

Annual Dues \$25

Membership is subject to approval and applicant agrees to adhere to membership guidelines including the use of the ACSS logo.

ACSS Communicates By Email  
Please List Your Email And Up To Two Individuals From Within Your Organization To Receive News Capsules

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Send Application/ Dues To

<http://www.countersurveillance.info>



PO Box 1  
Clay Center, NE 68933



### Agreement

To maintain active ACSS membership, I agree to the terms and conditions that provide for the use of the ACSS logo and to adhere to the ACSS Code of Ethics as may be promoted or amended from time to time.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Invoice My Dues – My Preferred Payment Method

Check  Master Card  Visa  Discover  Amex

Name (as appears on card): \_\_\_\_\_

Card No. \_\_\_\_\_ Expires \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Alliance of Counter-Surveillance Specialists

## Member Application Part II

This information will be used in ACSS's online consumer resource pages.

### In Which States Do You

**Operate?** Check all that apply and circle your home state

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> All US States | <input type="checkbox"/> Georgia       | <input type="checkbox"/> Minnesota      | <input type="checkbox"/> Oklahoma       |
| <input type="checkbox"/> Alabama       | <input type="checkbox"/> Hawaii        | <input type="checkbox"/> Mississippi    | <input type="checkbox"/> Oregon         |
| <input type="checkbox"/> Alaska        | <input type="checkbox"/> Idaho         | <input type="checkbox"/> Missouri       | <input type="checkbox"/> Pennsylvania   |
| <input type="checkbox"/> Arizona       | <input type="checkbox"/> Illinois      | <input type="checkbox"/> Montana        | <input type="checkbox"/> Rhode Island   |
| <input type="checkbox"/> Arkansas      | <input type="checkbox"/> Indiana       | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> California    | <input type="checkbox"/> Iowa          | <input type="checkbox"/> Nevada         | <input type="checkbox"/> South Dakota   |
| <input type="checkbox"/> Colorado      | <input type="checkbox"/> Kansas        | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> Connecticut   | <input type="checkbox"/> Kentucky      | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Texas          |
| <input type="checkbox"/> Delaware      | <input type="checkbox"/> Louisiana     | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Utah           |
| <input type="checkbox"/> D.C.          | <input type="checkbox"/> Maine         | <input type="checkbox"/> New York       | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> Florida       | <input type="checkbox"/> Maryland      | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia       |
|  | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> Washington     |
|  | <input type="checkbox"/> Michigan      | <input type="checkbox"/> Ohio           | <input type="checkbox"/> West Virginia  |
|  |  |   | <input type="checkbox"/> Wisconsin      |
|  |  |   | <input type="checkbox"/> Wyoming        |

### In Which International Regions Do You Operate?

- |  |   |
|--|---|
| <input type="checkbox"/> Australia & New Zealand | <input type="checkbox"/> Northern Europe    |
| <input type="checkbox"/> Caribbean               | <input type="checkbox"/> Polynesia          |
| <input type="checkbox"/> Central America         | <input type="checkbox"/> South America      |
| <input type="checkbox"/> Eastern Africa          | <input type="checkbox"/> Southern Africa    |
| <input type="checkbox"/> Eastern Asia            | <input type="checkbox"/> Southern Europe    |
| <input type="checkbox"/> Eastern Europe          | <input type="checkbox"/> South-Central Asia |
| <input type="checkbox"/> Melanesia               | <input type="checkbox"/> South-East Asia    |
| <input type="checkbox"/> Micronesia              | <input type="checkbox"/> Western Africa     |
| <input type="checkbox"/> Middle Africa           | <input type="checkbox"/> Western Asia       |
| <input type="checkbox"/> Northern Africa         | <input type="checkbox"/> Western Europe     |

### Source Of TSCM Training?

- Government or Military
- Recognized Private TSCM Programs
- Other: \_\_\_\_\_

### Source Of TSCM Experience?

- Government or Military
- Private Contractor
- Corporate Security
- TSCM Employee

### Training & Equipment Certification (Specialist Members Only)

- I Certify That I Meet ACSS Category B Equipment and Training Guidelines.

I Certify That The Above Information Is True And Correct

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



Please Mail Completed Application & Dues To:

Alliance of Counter-Surveillance Specialists

P.O. Box 1

Clay Center, NE 68933

## **Minimum Equipment & Training Requirements For ACSS TSCM Specialist Membership Category.**

The following guidelines are the initial criteria for ACSS' TSCM Specialist members, which will be listed in the online consumer directory of ACSS professionals. These guidelines are subject to review and modification by a majority of ACSS voting members.

### **Minimum Equipment Inventory To Conduct Category B Sweeps**

- \* A sensitive broadband receiver system with adjustable RF-gain control and sensitivity at the microwatt level preferably with AM/FM demodulation capabilities.
- \* Multimeter (VOM)
- \* Cable Tone and Tracer Kit
- \* Carrier-Current Analysis
- \* Countermeasures Amplifier
- \* Telephone Line Analyzer capable of identifying series, parallel, infinity and hookswitch bypasses
- \* Frequency Counter
- \* Radio Scanner
- \* Optical Pinhole Camera Detector

### **Minimum Equipment Capabilities To Identify Category B devices.**

- \* RF spectrum detection from 10 KHz to - 2400 MHz.
- \* Infrared & laser detection capabilities.
- \* Microwave detection up to 5.8 GHz.
- \* FM RF detection & demodulation.
- \* Carrier current detection from 20-400 KHz.
- \* Ability to locate transmitting and non-transmitting video cameras.
- \* Ability to detect analog and digital signals
- \* Ability to detect GPS/GSM devices.
- \* Ability to detect civilian room and vehicle transmitters
- \* Ability to locate sound-activated transmitters
- \* Ability to detect room and vehicle transmitters

### **Minimum Telephone Compromise Detection Capabilities:**

- \* Series RF tap detection.
- \* Parallel RF Tap detection.
- \* Parallel Recorder Activator detection.
- \* Infinity Device Transmission detection.
- \* Hook Switch Bypasses detection.
- \* Carrier Current Detection Capabilities

### **Minimum Training/Education To Conduct Category B Sweeps**

- \* Completion of a Formal Two- to Four Week Countersurveillance Training Program
- \* Completion of a Military or Government TSCM Training Program
- \* Understanding of POTS Telephone Systems
- \* Ability to Check Cables For AC/DC Current
- \* Proficiency In The Safe Operation of a Multimeter
- \* Proficiency in the Safe Operation of a Cable Tracer and LAN Meter
- \* Ability to Operate an Optical Pinhole Camera Locator
- \* Ability to Safely Test Electrical Cables For The Presence of AC/DC Current
- \* Capability of Conducting A Line Balance Test
- \* Capability of identifying RF transmissions at telephone junction points located off the client's premises.