



APPLICATION FOR CERTIFIED SURVEY TECHNICIAN

National Society of Professional Surveyors

6 Montgomery Village Avenue • Suite 403 • Gaithersburg, MD 20879 USA
240) 632-9716 ext. 112 • Fax (240) 632-1321 • www.nspsmo.org

Please Print Clearly or Type

I. PERSONAL AND EMPLOYMENT INFORMATION

NSPS Member: Yes, Member Number _____ No

First Name _____ MI _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____ Country _____

Home Phone (_____) _____ Work Phone (_____) _____

Fax (_____) _____ E-Mail Address _____

Last 4 Digits of your Social Security Number _____ CST Certification Number _____

Employer _____ Title _____

(Students provide school information)

City _____ State _____

II. EXAM MEDIUM *(Choose one)*

On Line Exam — An online exam is administered as a *special* (refer to www.nspsmo.org/cst/get_certified.shtml). By signing this portion of the application you (the applicant) agree to take the responsibility for saving your answers often during the examination. NSPS is not liable for any answers that were not saved during the course of the exam. In the case of a power outage, only saved questions are able to be recovered.

Applicant Signature: _____

Paper Exam

III. EXAMINATION SCHEDULE

1. Special test center/site* _____ Exam Date _____

***Must match Proctor Form Information**

IV. CERTIFICATION LEVEL SOUGHT

Level I	Level II	Level III	Level IV
<input type="checkbox"/> Entry Level	<input type="checkbox"/> Field Track	Field Track	<i>(Must be Level CST III)</i>
	<input type="checkbox"/> Office Track	<input type="checkbox"/> Party Chief, Boundary	Level IV is a Take-Home Exam
		<input type="checkbox"/> Party Chief, Construction	given during Jan. and Feb.
		Office Track	<input type="checkbox"/> Survey Field Manager
		<input type="checkbox"/> Chief Computer Operator	<input type="checkbox"/> Survey Office Manager

V. EDUCATION INFORMATION

(Please attach transcripts and/or Continuing Education Certificates if necessary to satisfy experience requirement.)*

	Name of <u>School</u>	City & State	Dates <u>Attended</u>	Credits <u>Earned</u>	Degree/ <u>Major</u>
High School					
Technical Institute/ Community College					
College/Univ.					

*1 CEU = 10 classroom hours = .5 credit hour

See Reverse

VI. EMPLOYMENT HISTORY

Start with most recent employment and account for all employment as a surveying technician.

Attach additional sheets if necessary.

D A T E S			
From Mo./Yr.	To Mo./Yr.	Total Yrs./Mos.	Give in sequence and detail: (a) Name and location of employer, (b) Title of your position, (c) Name and title of your supervisor, (d) Description of your duties (be factual and specific)
<i>NSPS Office use only</i> Total years credited:			Signature of immediate supervisor verifying current job duties: Name: _____ Position: _____ Phone: _____

VII. STATEMENT OF UNDERSTANDING

To be completed by all candidates.

I certify that the above statements and any attachments hereto are correct and understand that any misrepresentation may result in the rejection of this application or the revocation of any certificate issued as a result of this application. I am aware that any certification I may receive from NSPS will not constitute a license to practice surveying in any state or territory. I understand that once initial certification is achieved, **I must pay an annual renewal fee to keep my certification current and I understand further that I cannot upgrade my level of certification unless it is current.** I also understand that the fees and operating rules and procedures in effect at the time this application is submitted are those given in the current calendar year edition of the general information booklet.

Date _____

Signature _____

VIII. APPLICATION AND EXAM FEES

Full payment required with application.
Application WILL BE RETURNED without full payment.

PLEASE MAIL TO: NSPS CST Program, 6 Montgomery Village Avenue, Suite 403, Gaithersburg, MD 20870

Make check or money order payable to NSPS Certified Survey Technician or pay by credit card.

	App Fee	Exam Fee	Total Fee Due
<input type="checkbox"/> Student/Military-DANTES	\$0	\$110.00	\$110.00
<input type="checkbox"/> Member:	\$30.00	\$120.00	\$150.00
<input type="checkbox"/> Non-Member	\$50.00	\$150.00	\$200.00

Visa/MC/AMEX/Discover Number _____ / _____ / _____ / _____ Security Code _____

Exp. Date _____ / _____ Name on Card _____ Signature _____

Email Address _____