



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 or 105 • 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 — **NOTICE:** By signing this portion of the application you (the applicant) agree to take responsibility for saving your answers often during the examination. NSPS is not liable for any answers not saved during the course of the exam. In the case of a power outage, only saved questions are recoverable.

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 Entry Level	Level II Field Track Office Track	Level III Field Track Party Chief, Boundary Party Chief, Construction Office Track Chief Computer Operator	Level IV <i>(Must be Level CST III)</i> Level IV is a Take-Home Exam Given two (2) times a year. Application deadlines: Cycle I - Dec. 15 Cycle III - June 15 Survey Field Manager Survey Office Manager
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V. EDUCATION INFORMATION

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

	Name of <u>School</u>	<u>City & State</u>	<u>Dates</u> <u>Attended</u>	<u>Credits</u> <u>Earned</u>	<u>Degree/</u> <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 20879

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

	App Fee	Exam Fee	Total Fee Due
Student/Military-DANTES	\$0	\$110.00	\$110.00
Member	\$30.00	\$120.00	\$150.00
Non-Member	\$50.00	\$150.00	\$200.00

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

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

Email Address _____