



APPLICATION FOR CERTIFIED SURVEY TECHNICIAN

National Society of Professional Surveyors
 5119 Pegasus Court, Suite Q, Frederick, MD 21704
 (240) 439-4615, ext. 112 or 105 - Fax (240) 439-4952 - www.nsps.us.com

I. Personal and Employment Information

NSPS Member Yes___ No___

Full Name_____

Preferred Address_____

City_____ State_____ Zip Code_____

Home Phone_____ Work Phone_____ Fax_____

Email_____ Last 4 digits of your SS #_____ CST Cert. #_____

Employer_____ Title_____

(Students provide school information above)

City_____ State_____ Zip Code_____

II. Exam Format (choose one)

Online___ 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 ___

III. Exam Schedule

Test Center/Site_____ Exam Date_____

IV. Certification Level Sought – Licensed Surveyors may start at Levels I, II or III

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 (Must be CST Level III) Take-Home-Given 2 times a year Application Deadlines: Cycle I–Dec 15/Cycle III June 15 Field Manager ___ 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 School	City/ State	Dates Attended	Credit Earned	Degree Major
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High School_____

Technical Institute/
Community College_____

College/University_____

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

VI. Employment History

Start with most recent employment and account for all employment as a surveying technician. Attach additional sheets if necessary.

DATES			
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)
NSPS Office use only 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.

Signature_____ Date_____

VIII. Fees

ALL FEES ARE NON REFUNDABLE

Full Payment required with application

	Fee Due
<input type="checkbox"/> Student, Active Military and Veterans	\$120.00
<input type="checkbox"/> Examinee	\$180.00

If you have a group of 10 or more or a signed Memorandum of Understanding (MOU) please contact NSPS for pricing 240-439-4615, ext. 112.

Make checks payable to **NSPS** and mail to: **5119 Pegasus Court, Suite Q, Frederick, MD 21704**

Check Visa MasterCard Discover American Express

Name on Card_____

Credit Card Number_____

Expiration Date_____ CVVC Code_____ Billing Zip Code_____

Signature_____

Email Address_____