



# 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 • lee.canfield@acsm.net • 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](http://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  
 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 Level CST III)  
Level IV is a Take-Home Exam given during Jan. and Feb.  
 Survey Field Manager  
 Survey Office Manager

## V. EDUCATION INFORMATION

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

	Name of School	City & State	Dates Attended	Credits Earned	Degree/ Major
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			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)
From Mo./Yr.	To Mo./Yr.	Total Yrs./Mos.	
<i>NSPS Office use only</i> Total years credited: _____			<b>Signature of immediate supervisor verifying current job duties:</b> 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. APPLICATION AND EXAM FEES

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

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

	Application Fee	Exam Fee	Total Fee Due
<input type="checkbox"/> Student:	\$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 Number \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_ Exp. \_\_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Please mail to:**

NSPS CST Program  
6 Montgomery Village Avenue, Suite 403, Gaithersburg, MD 20879