



# 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 113 • 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 *(Must be Level CST III)*

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

## 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
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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.

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)
<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.

*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
<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 \_\_\_\_\_