APPLICATION FOR CERTIFIED SURVEY TECHNICIAN

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 Medium (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

Level I   Level II   Level III   Level IV (Must be CST Level III)

☐ Entry Level  ☐ Field Track  ☐ Field Track  ☐ Take-Home–Given 2 times a year

☐ Office Track  ☐ Party Chief, Boundary  ☐ Party Chief, Construction

☐ Office Track  ☐ Chief Computer Operator

Party Chief, Construction Cycle I–Dec 15/Cycle III June 15

Office Track

☐ Field Manager

☒ Office Manager

V. Education Information

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

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City/State</th>
<th>Dates Attended</th>
<th>Credit Earned</th>
<th>Degree Major</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>DATES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>From Mo./Yr.</td>
<td>To Mo./Yr.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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. **Application and Exam Fees**

**ALL APPLICATION AND TESTING FEES ARE NON REFUNDABLE**

Full Payment required with application

<table>
<thead>
<tr>
<th>Fee Due</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student, Active Military and Veterans</td>
<td>$120.00</td>
</tr>
<tr>
<td>Examinee</td>
<td>$180.00</td>
</tr>
</tbody>
</table>

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_______________________________________________________________________________________________________________