



# 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](http://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 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

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

## 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.*

<b>DATES</b>			
<b>From Mo./Yr.</b>	<b>To Mo./Yr.</b>	<b>Total Yrs./Mos.</b>	<b>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)</b>
<b>NSPS Office use only Total years credited:</b>			<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**

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

**Full Payment required with application**

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

**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 \_\_\_\_\_