



# APPLICATION FOR CERTIFIED SURVEY TECHNICIAN

National Society of Professional Surveyors • American Congress on Surveying and Mapping  
6 Montgomery Village Avenue • Suite 403 • Gaithersburg, MD 20879 USA  
(240) 632-9716 ext. 103 or 105 • Fax (240) 632-1321 • cstinfo@acsm.net • www.acsm.net

Please Print Clearly or Type

## I. PERSONAL AND EMPLOYMENT INFORMATION

Check preferred mailing address:  Home  Work  
ACSM Member:  Yes, Member Number \_\_\_\_\_  No

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Social Security Number \_\_\_\_\_ CST Certification Number \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_  
*(Students provide school information)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## II. EXAMINATION SCHEDULE *(Note: See Schedule for dates and test centers.)*

1. 1st choice of test center \_\_\_\_\_ Exam Date \_\_\_\_\_

2. 2nd choice of test center \_\_\_\_\_ Exam Date \_\_\_\_\_

## III. CERTIFICATION LEVEL SOUGHT

*(Certification may be sought in either the field or office track or both. If testing in both tracks, indicate your primary exam with a 1 and speciality exam with a 2.)*

**Level I**  
 Entry Level

**Level II**  
**Field Track**  
 Instrument Person  
**Office Track**  
 Computer Operator

**Level III**  
**Field Track**  
 Party Chief, Boundary  
 Party Chief, Construction  
**Office Track**  
 Chief Computer Operator

**Level IV**  
*(Must be Level III Certified)*  
Level IV is a Take-Home Exam given during Jan. and Feb.  
 Survey Field Manager  
 Survey Office Manager

## IV. 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

**V. 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.	
NSPS/ACSM Office use only Total years credited:			Signature of immediate supervisor verifying current job duties:  Name: _____ Position: _____

**VI. 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-ACSM 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*

**VII. APPLICATION AND EXAM FEES**

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

Make check or money order payable to NSPS-Survey Tech or pay by credit card.

	Application Fee	Exam Fee	Total Fee Due
Student:	\$0	\$110.00	\$110.00
Member	\$30.00	\$120.00	\$150.00
Non-Member	\$50.00	\$150.00	\$200.00
Second Specialty Exam (Add \$50.00 to Total Fee Due)			

Visa/MC Number \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

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

**Please mail to:** NSPS-ACSM Survey Technician  
6 Montgomery Village Avenue, Suite 403, Gaithersburg, MD 20879