



APPLICATION FOR CERTIFIED SURVEY TECHNICIAN

National Society of Professional Surveyors

21 Byte Court, Suite H, Frederick, MD 21702

(240) 439-4615, ext. 14 - Fax (240) 439-4952 - www.cstnsps.com

I. Personal and Employment Information

Full Name _____

Preferred Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Fax _____

Email _____ Last 4 digits of your SS # _____

Employer _____ Title _____

(Students provide school information above)

City _____ State _____ Zip Code _____

II. Exam Format (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)

**Name
of School**

**City/
State**

**Dates
Attended**

**Credit
Earned**

**Degree
Major**

High School _____

Technical Institute/
Community College _____

College/University _____

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)
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 program booklet.

Signature _____ Date _____

VIII. Fees

ALL FEES ARE NON REFUNDABLE

Full Payment required with application

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

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. 19

Make checks payable to **NSPS** and mail to: **21 Byte Court, Suite H, Frederick, MD 21702**

Check Visa Mastercard Discover American Express

Name on Card _____

Credit Card Number _____

Expiration Date _____ CVVC Code _____ Signature _____

Billing Address _____

Billing City, State, and Zip _____

Email Address _____