



Date Received \_\_\_\_\_  
(Leave blank)

# Application for Recognition as\*:

Certified Photogrammetric Technologist (ASPRS)  
 Certified Remote Sensing Technologist (ASPRS)  
 Certified GIS/LIS Technologist (ASPRS)

Provisional Certified Photogrammetric Technologist (ASPRS)  
 Provisional Certified Remote Sensing Technologist (ASPRS)  
 Provisional Certified GIS/LIS Technologist (ASPRS)

*\*Check one (1) category only. Separate application forms and fees must be filed for each category of recognition.*

Name: \_\_\_\_\_ (Please print) Work phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ (City) (State) (Postal code) Email: \_\_\_\_\_

\_\_\_\_\_ (Country if not USA)

*In making this application, I fully understand that it is a voluntary request to the American Society for Photogrammetry and Remote Sensing to review my background and experience for possible certification in accordance with requirements and criteria established by the Society. I authorize the Society to make inquiries regarding my character and professional qualifications by contacting the references named in this application.*

*Further, I understand and subscribe to the Code of Ethics of the American Society for Photogrammetry and Remote Sensing, with knowledge that any false statement or misrepresentation in this application may result in the denial or revocation of certification and the issuance of a complaint in violation of the Code of Ethics.*

*In consideration of ASPRS' acceptance and processing of this application, I agree to waive any and all claims of liability or responsibility against ASPRS and to indemnify and hold harmless ASPRS, its directors, officers, committee members, employees, agents and representatives against any and all such injury, damages, or claims made by or on behalf of any persons, partnership, association, or corporation. I further acknowledge that ASPRS, its directors, officers, committee members, employees, agents or representatives are not liable to me, or to any other person, partnership, association or corporation, in any way for any injury, damages or claims alleged to be based upon or arising out of the approval or disapproval or the issuance, withdrawal or termination of any certification issued by ASPRS.*

*Payment in the amount as specified by the current fee schedule listed in the [Certification Guidelines](#) is enclosed to cover the initial fee established by the Society.*

\_\_\_\_\_  
(Applicant's Signature) (Date)

Method of Payment		
<input type="checkbox"/>	Check #: _____	Amount: \$ _____
<input type="checkbox"/>	VISA/MasterCard/American Express	Amount: \$ _____
_____	_____	_____
Credit Card Number	Expiration Date (mm/yy)	Signature

**I. EDUCATION AND BACKGROUND** *(use an extra page if more space is required)*

A. **HIGH SCHOOL:** \_\_\_\_\_ Graduated: \_\_\_\_\_  
(Name and Location) (Date)

Academic                      Technical                      Other

B. **HIGHER EDUCATION** (if no degree granted, furnish total credit hours earned and in which subjects):

Name of Institution                      Dates Attended                      Degree Title                      Major or Subjects

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C. **HIGHER EDUCATION COURSES** (beyond those required for Degree(s) above; give date and length of course):

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D. **SPECIAL EDUCATION PROGRAMS** (applicable seminars, symposia, workshops, military or other government sponsored schools or training programs)

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E. **MEMBERSHIP IN ACADEMIC HONOR SOCIETIES AND ACADEMIC HONORS RECEIVED:**

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F. **PUBLICATIONS AUTHORED** (submit copies only if required by the ASPRS Evaluation Committee)

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G. **ADDITIONAL DATA** (relating to education and background, e.g., thesis, special research work, etc.):

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(Use an extra page if necessary.)



III. **PROFESSIONAL ASSOCIATION MEMBERSHIP AND ACTIVITIES** (list separately the dates, category [student, regular, associate, etc.] and offices and/or committee assignments held in ASPRS and other professional societies or associations):

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IV. **REFERENCES** (Name at least four people, preferably ASPRS members, who are or who have held responsible positions in photogrammetry, remote sensing, and/or GIS/LIS, who have a personal knowledge of your character and professional qualifications and have them mail an official reference form to ASPRS Headquarters.):

[1] _____ (Name)	[3] _____ (Name)
_____ (Address)	_____ (Address)
_____ (Address)	_____ (Address)
_____ (City) (State) (Postal Code)	_____ (City) (State) (Postal Code)
[2] _____ (Name)	[4] _____ (Name)
_____ (Address)	_____ (Address)
_____ (Address)	_____ (Address)
_____ (City) (State) (Postal Code)	_____ (City) (State) (Postal Code)