



THE IMAGING & GEOSPATIAL INFORMATION SOCIETY

Date Received _____
(Leave blank)

Application for Recognition as*:

- Certified Photogrammetrist (ASPRS)
- Certified Mapping Scientist - REMOTE SENSING
- Certified Mapping Scientist - GIS/LIS

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

Name: _____ Work phone: _____
(Please print)

Address: _____ Home phone: _____
 _____ Fax: _____
 _____ Email: _____
 (City) (State) (Postal code)

_____ (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: \$ _____ | _____ |
| Office Use Only | | |
| <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

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

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

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

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

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

(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):

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) |

V. **QUESTIONS ON PHOTOGRAMMETRY AND RELATED FIELDS** (for purposes of this application, photogrammetry includes the related fields of aerial photography, remote sensing, photo interpretation, photogrammetric surveys, and geographic and land information systems. Please answer each question in detail):

[A] What professional and technical contributions have you made in Photogrammetry, Remote Sensing and/or GIS/LIS?

[B] What do you consider to be your qualifications for Certification?

[C] How and why have you used Photogrammetry, Remote Sensing and/or GIS/LIS in your employment?

[D] Do you consider yourself to be a professional photogrammetrist or mapping scientist? Why?

[E] What means have you used to keep yourself reasonably current in your knowledge and competence of Photogrammetry, Remote Sensing and/or GIS/LIS?

[F] What are the most significant elements of the ASPRS Code of Ethics as will be applied by you in your work?
