



Date Received _____
(Leave blank)

Application for Recertification as*:

- Certified Photogrammetrist (ASPRS)
- Certified Mapping Scientist - Remote Sensing (ASPRS)
- Certified Mapping Scientist - GIS/LIS (ASPRS)

- Certified Photogrammetric Technologist (ASPRS)
- Certified Remote Sensing Technologist (ASPRS)
- 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) Current Certification No. _____

Date First Certified: _____

Date Last Certified: _____

I hereby apply for recertification as indicated above. I understand that this is a voluntary request to the American Society for Photogrammetry and Remote Sensing to review my background and experience since my last certification, for possible recertification 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: \$ _____ | Office Use Only |
| _____ | _____ | _____ |
| Credit Card Number | Expiration Date (mm/yy) | Signature |

I. WORK EXPERIENCE

** This statement must include all professional work assignments carried out in the five years (three years for Technologists) preceding this application. Fully and specifically describe the degree and extent of responsibilities for each engagement (refer to Classification Chart for your professional area). Provide enough detail for the Evaluation Committee to reach a decision. Applicant should provide points for each engagement, up to a total of 20 points combined for professional/work experience.*

| Date From/To | Position title, name of employer, and description of each work engagement* | Points Assigned | | Name, address, phone and email of person who knows your work fully |
|--------------|--|-----------------|--------------|--|
| | | By Applicant | By Committee | |
| | | | | |

II. ADDITIONAL EDUCATION AND PARTICIPATION IN PROFESSIONAL/TECHNICAL ACTIVITIES

In each section, list all activities, as appropriate, during the five years (three years for Technologists) preceding this application. For sections A-D, applicant should assign points up to the maximum allowable for each category (*use an extra page if more space is required*).

A. FORMAL EDUCATION (combined with "Continuing Education," eight points maximum):

| Name of Institutions | Dates Attended | Degree Title | Major or Subjects | Points Assigned | |
|----------------------|----------------|--------------|-------------------|-----------------|--------------|
| | | | | By Applicant | By Committee |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

B. CONTINUING EDUCATION (combined with "Formal Education," eight points maximum):

| Name of workshop/course | Dates Attended | Points Assigned | |
|-------------------------|----------------|-----------------|--------------|
| | | By Applicant | By Committee |
| | | | |
| | | | |
| | | | |
| | | | |

C. TECHNICAL CONFERENCES (four points maximum):

| Conference Name | Dates Attended | Points Assigned | |
|-----------------|----------------|-----------------|--------------|
| | | By Applicant | By Committee |
| | | | |
| | | | |
| | | | |
| | | | |

D. PAPERS PRESENTED/PUBLISHED AND PANEL PARTICIPATION (eight points maximum):

| Title | Meeting/Publication | Publication Date/ Date Attended | Points Assigned | |
|-------|---------------------|------------------------------------|-----------------|--------------|
| | | | By Applicant | By Committee |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

