



DATE: \_\_\_\_\_

<b>TO (name of reference):</b> _____ <b>ADDRESS:</b> _____ _____ _____ _____ City State Postal Code <b>PHONE (include area code):</b> _____	<b>For Office Use Only</b> <b>Date Received:</b>  
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Dear Colleague:

I, \_\_\_\_\_ have submitted an application to the American Society for Photogrammetry and Remote Sensing for (*please check appropriate category*):

- CERTIFICATION**     
  **RECERTIFICATION**     
  **PROVISIONAL CERTIFICATION**

as a:

- |  |   |
|--|---|
| <input type="checkbox"/> Certified Photogrammetrist                  | <input type="checkbox"/> Certified Photogrammetric Technologist |
| <input type="checkbox"/> Certified Mapping Scientist, Remote Sensing | <input type="checkbox"/> Certified Remote Sensing Technologist  |
| <input type="checkbox"/> Certified Mapping Scientist, GIS/LIS        | <input type="checkbox"/> Certified GIS/LIS Technologist         |

and I am requesting that you serve as a reference.

The Certification Program of the American Society for Photogrammetry and Remote Sensing is designed to identify persons engaged in various professional aspects of the mapping sciences who, in the judgement of their peers, have met specific requirements for educational background at the university level, and for actual job experience.

**This means experience at the level of design of instruments or systems; the responsibility for planning and directing Photogrammetric, Remote Sensing, or GIS/LIS projects; research on the accuracy, cost or adaptability of equipment or systems. For the Technologist certification only, training or experience in operation of instruments is also acceptable.**

The award of "Certification" does not provide legal status as in the case of licensure. Each applicant, however, must pledge to accept and abide by the Society's Code of Ethics, and thereby not to practice or advise in any aspects of Photogrammetry or the Mapping Sciences except those in which they are judged to be professionally competent.

Please complete the Confidential Reference Form (page two) as soon as possible, and return both pages to **ASPRS, 5410 Grosvenor Lane, Suite 210, Bethesda, MD 20814**. This information will be treated by the ASPRS in a confidential manner. If you do not wish to serve as a reference, please return this form to me.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Applicant's daytime phone*

\_\_\_\_\_  
*Applicant's e-mail address*

- **Applicant - Please complete page 1 and mail both pages 1 & 2 to your reference**
- **Reference - Please complete page 2 and return both pages to:**

**ASPRS, 5410 Grosvenor Lane, Suite 210, Bethesda, MD 20814**

Applicant: \_\_\_\_\_

### CONFIDENTIAL REFERENCE FORM

1. How long have you known the applicant? From: \_\_\_\_\_ To: \_\_\_\_\_

2. What has been your relationship (supervisor, co-worker, subordinate, friend) to the applicant?  
\_\_\_\_\_

3. Are you familiar with the professional work of the applicant? Give examples.  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your evaluation of the applicant's work?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the applicant conduct his/her work in a professional manner? Give examples.  
\_\_\_\_\_  
\_\_\_\_\_

6. Given your knowledge of the applicant's qualifications, do you recommend the applicant for certification/recertification as a **Certified** (please check one only):  
 **Photogrammetrist** or **Photogrammetric Technologist**? *Comment:* \_\_\_\_\_  
 **Mapping Scientist-Remote Sensing** or **Technologist-Remote Sensing**? *Comment:* \_\_\_\_\_  
 **Mapping Scientist-GIS/LIS** or **Technologist-GIS/LIS**? *Comment:* \_\_\_\_\_

7. Please give the applicant's position and title at the present time  
\_\_\_\_\_

8. Other comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (type or print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_

- **Applicant - Please complete page 1 and mail both pages 1 & 2 to your reference**
- **Reference - Please complete page 2 and return both pages to:**

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