

Application for Recertification As*:

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| <input type="radio"/> Certified Photogrammetrist | <input type="radio"/> Certified Photogrammetric Technologist |
| <input type="radio"/> Certified Mapping Scientist - Remote Sensing | <input type="radio"/> Certified Remote Sensing Technologist |
| <input type="radio"/> Certified Mapping Scientist - GIS/LIS | <input type="radio"/> Certified GIS/LIS Technologist |
| <input type="radio"/> Certified Mapping Scientist - Lidar | <input type="radio"/> Certified Lidar Technologist |
| <input type="radio"/> Certified Mapping Scientist - UAS | <input type="radio"/> Certified UAS Technologist |

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

Name: _____ (Please print)	Work phone: _____
Address: _____ _____ _____ _____ (City) (State) (Postal code)	Home phone: _____ Fax: _____ 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

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 PDHs up to the maximum allowable for each category (use an extra page if more space is required).

A. FORMAL EDUCATION

Name of Institutions	Dates Attended	Degree Title	Major or Subjects	PDHs Assigned	
				By Applicant	By Committee

B. CONTINUING EDUCATION

Name of workshop/course	Dates Attended	PDHs Assigned	
		By Applicant	By Committee

C. TECHNICAL CONFERENCES

Conference Name	Dates Attended	PDHs Assigned	
		By Applicant	By Committee

D. PAPERS PRESENTED/PUBLISHED AND PANEL PARTICIPATION

Title	Meeting/Publication	Publication Date/ Date Attended	PDHs Assigned	
			By Applicant	By Committee

E. AWARDS RECEIVED - List all awards received in the past five years

Four horizontal lines for text entry.

F. ADDITIONAL DATA - List any information that may assist the committee in evaluating your application

Four horizontal lines for text entry.

III. PROFESSIONAL ASSOCIATION MEMBERSHIP AND ACTIVITIES

List separately the professional societies or associations you are a member of including dates, category (student, regular, associate, etc.) and offices and/or committee assignments held in the five years preceding the date of this application.

Four horizontal lines for text entry.

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 for the five years preceding the date of this application and have them mail an official reference form to ASPRS Headquarters:

Name
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City State Zip

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