

**Member  
Certification Renewal Application**

# American Society of Professional Estimators



## MEMBER CERTIFICATION RENEWAL APPLICATION

### CONFIDENTIAL

Name \_\_\_\_\_ Chapter No. \_\_\_\_\_  
Date Received \_\_\_\_\_ Certificate No. \_\_\_\_\_  
Payment Received \_\_\_\_\_ Renewal Date \_\_\_\_\_  
Member Status \_\_\_\_\_

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## **Certification Renewal Application Instructions**

**READ** instructions carefully before completing this application. If additional space is required, type your information on a blank white sheet of paper and attach it to the back of your application. Note the attachments at the section header - label additional information accordingly. **Do not forget to attach ALL back-up pertaining to your point claims.**

**COVER PAGE:** Leave bottom section blank for use by the Society Business Office.

**SECTIONS 1-3:** Fill in appropriate information. Abbreviations for Street, Avenue, Boulevard, and States are acceptable. Check preferred mailing address.

**SECTION 4:** If you are a General Construction Estimator, use Discipline 1.4. Refer to the Master Format contained in the Standard Estimating Practice Manual for the correct discipline. Fill in your Certificate number and Date of Issue and Expiration Date.

**SECTION 5:** Fill in payment information. Enclose appropriate Certification Renewal fee as indicated.

**SECTION 6:** Complete the Renewal Certification Point Schedule (sections A-I). Be sure to attach the appropriate signatures and back up justifying your points.

A. A total of 30 points must be earned from at least three (3) of the ten- (10) levels.

B. Please note verification requirements for each category.

Each level will have a subtotal. Total all level subtotals - Levels A-I on page 9.

**SECTION 7:** Attestment shall be signed and dated by the applicant. Forward all information to the Society Business Office with the appropriate back-up and renewal certification fee.

**SECTION 8:** Reserved for comments by the Certification Board.

### **CERTIFICATION RENEWAL PROCEDURES**

1. Renewing Certification Applicants must complete the application in strict compliance with the instructions and forward to the Society Business Office prior to the expiration date of their Certificate.
  
3. The Society Business Office records and verifies the following:
  - a. Date received
  - b. Payment received
  - c. Certification Number
  - d. Renewal Date
  - e. Membership Status
  - f. Conformance with Instructions
  - g. Completeness of Documentation List and Attachments
  
4. The Society Business Office forwards processed application to Regional Certification Board Member for review.
  
5. Your Regional Certification Board Member reviews application and forwards it to the Society Business Office with recommendation for action. Application is kept on file at SBO.
  
6. The Society Business Office forwards new Certificate to Chapter Certification Chair to be presented at Chapter meeting. MALs will receive their certificate directly.

**AMERICAN SOCIETY OF PROFESSIONAL ESTIMATORS**  
Member Certification Renewal Application – Chapter \_\_\_\_\_

**1. NAME AND DATE OF BIRTH**

\_\_\_\_\_

|           |            |                |               |
|-----------|------------|----------------|---------------|
| Last Name | First Name | Middle Initial | Date of Birth |
|-----------|------------|----------------|---------------|

**Preferred Mailing Address**                       **HOME**                                       **BUSINESS**

**2. HOME ADDRESS**

\_\_\_\_\_

|                   |       |                                |          |
|-------------------|-------|--------------------------------|----------|
| Number and Street |       |                                |          |
| _____             |       |                                |          |
| City              | State | Country                        | Zip Code |
| _____             |       |                                |          |
| E-Mail Address    |       | Area Code and Telephone Number |          |

**3. BUSINESS ADDRESS**

\_\_\_\_\_

|                   |       |                                |          |
|-------------------|-------|--------------------------------|----------|
| Company Name      |       |                                |          |
| _____             |       |                                |          |
| Number and Street |       |                                |          |
| _____             |       |                                |          |
| City              | State | Country                        | Zip Code |
| _____             |       |                                |          |
| E-Mail Address    |       | Area Code and Telephone Number |          |

**4. CERTIFICATION NUMBER AND DATE OF ISSUE**

\_\_\_\_\_

|                      |               |                |                  |
|----------------------|---------------|----------------|------------------|
| Certification Number | Date of Issue | CSI Discipline | Cert. Expiration |
|----------------------|---------------|----------------|------------------|

**5. APPLICATION FEE**

Certification Renewal Fee - \$75.00 Payable in U.S. Funds (Non-refundable)

Amount Enclosed \$ \_\_\_\_\_                       Business Check                       Personal Check     Money Order

**Credit Card Payment**                      **Check one:**                       Visa                       MasterCard                       AMEX

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ CV2 # \_\_\_\_\_  
(Last 3 digit code on back of card)

Name Printed On Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**6. RENEWING CERTIFICATION POINT SCHEDULE**

| <b>A. NATIONAL LEVEL</b>                                      |                        |               |               |               |                     |
|---|------------------------|---------------|---------------|---------------|---------------------|
| <b>Description</b>  | <b>Possible Points</b> | <b>Year 1</b> | <b>Year 2</b> | <b>Year 3</b> | <b>Total Points</b> |
| <b>1. Trustees</b>  | <b>5/yr</b>            |               |               |               |                     |
| <b>2. Committee or Tech. Board Chair</b>                      | <b>5/yr</b>            |               |               |               |                     |
| a. Subcommittee Chairman                                      | <b>5/yr</b>            |               |               |               |                     |
| b. Committee Member   | <b>3/yr</b>            |               |               |               |                     |
| <b>3. Convention Registrant</b>                               | <b>5/yr</b>            |               |               |               |                     |
| a. Voting Delegate  | <b>2/yr</b>            |               |               |               |                     |
| <b>4. Convention Activities</b>                               |                        |               |               |               |                     |
| a. Attend all Committee Workshops                             | <b>1/yr</b>            |               |               |               |                     |
| b. Attend all Education Seminars                              | <b>1/yr</b>            |               |               |               |                     |
| c. Present Seminar  | <b>2/yr</b>            |               |               |               |                     |
| d. Present Committee Workshop                                 | <b>1/yr</b>            |               |               |               |                     |
| <b>5. General Activities</b>                                  |                        |               |               |               |                     |
| a. Contribute Time & Effort for National Interest             | <b>3/yr<br/>MAX</b>    |               |               |               |                     |
| b. Article for "Estimating Today"                             | <b>5/yr<br/>MAX</b>    |               |               |               |                     |
| c. Proctor for EP2 Exam<br>(3 points per exam date)           | <b>3/yr<br/>MAX</b>    |               |               |               |                     |
| d. Proctored GEK Exam<br>(3 points per exam date)             | <b>3/yr<br/>MAX</b>    |               |               |               |                     |
| e. Proctored DST Exam<br>(3 points per exam date)             | <b>3/yr<br/>MAX</b>    |               |               |               |                     |
| f. Conduct Certification Workshop                             | <b>1/yr<br/>MAX</b>    |               |               |               |                     |
| <b>POINTS CLAIMED</b>   |                        |               |               |               |                     |
| <i>Verified by Society Business Office (SBO)</i>              |                        |               |               |               |                     |
| <i>Signature:</i>   |                        |               | <i>Date:</i>  |               |                     |
| <i>Points Approved By National Certification Board Member</i> |                        |               |               |               |                     |
| <i>Initials:</i>  |                        |               | <i>Date:</i>  |               |                     |

| <b>B. SOCIETY COMMITTEE &amp; TECHNICAL BOARD LEVEL</b>  |                        |               |               |               |                     |
|--|------------------------|---------------|---------------|---------------|---------------------|
| <b>Description</b>   | <b>Possible Points</b> | <b>Year 1</b> | <b>Year 2</b> | <b>Year 3</b> | <b>Total Points</b> |
| <b>6. Committee Support Activities</b>   | <b>10/yr<br/>MAX</b>   |               |               |               |                     |
| a. Contribute to SEP Manual  |                        |               |               |               |                     |
| b. Edit portions of Sep Manual   | <b>5 per edit</b>      |               |               |               |                     |
| c. Technical Paper Content Review<br>* 2 points per Technical Paper Review   | <b>2/Paper</b>         |               |               |               |                     |
| d. DST Questions & Problems Review<br>(100 questions & 2 problems)<br>* 10 points for 100 questions and 2 problems             | <b>10/set</b>          |               |               |               |                     |
| e. Write DST Questions and Problems<br>* 15 points for each DST<br>Problem/Questions after approval by the Certification Board | <b>15/yr</b>           |               |               |               |                     |
| <b>POINTS CLAIMED</b>  |                        |               |               |               |                     |
| <i>Reviewed and Approved by Standards Board Chair (6a. &amp; b.)</i>   |                        |               |               |               |                     |
| <i>Signature: _____ Date: _____</i>  |                        |               |               |               |                     |
| <i>Reviewed and Approved By Certification Board Chair (6c., d., &amp; e.)</i>  |                        |               |               |               |                     |
| <i>Signature: _____ Date: _____</i>  |                        |               |               |               |                     |
| <b>C. REGIONAL LEVEL</b>   |                        |               |               |               |                     |
| <b>7. Regional Activities</b>  |                        |               |               |               |                     |
| a. Attend Regional Meeting   | <b>3/mtg.</b>          |               |               |               |                     |
| b. Organize Regional Meeting   | <b>5/mtg.</b>          |               |               |               |                     |
| c. Attend all Activities   | <b>1/mtg.</b>          |               |               |               |                     |
| d. Present Seminar   | <b>2/yr.<br/>MAX</b>   |               |               |               |                     |
| e. Present Committee Workshop  | <b>2/yr.<br/>MAX</b>   |               |               |               |                     |
| <b>POINTS CLAIMED</b>  |                        |               |               |               |                     |
| <i>Reviewed by Regional Governor</i>   |                        |               |               |               |                     |
| <i>Signature: _____ Date: _____</i>  |                        |               |               |               |                     |
| <i>Points Approved By National Certification Board Member</i>  |                        |               |               |               |                     |
| <i>Initials: _____ Date: _____</i>   |                        |               |               |               |                     |

| <b>D. CHAPTER LEVEL</b>                                       |                        |               |               |               |                     |
|---|------------------------|---------------|---------------|---------------|---------------------|
| <b>Description</b>  | <b>Possible Points</b> | <b>Year 1</b> | <b>Year 2</b> | <b>Year 3</b> | <b>Total Points</b> |
| <b>8. Officer or Director</b>                                 | <b>5/yr</b>            |               |               |               |                     |
| <b>9. Committee Chairman</b>                                  | <b>4/yr.</b>           |               |               |               |                     |
| <b>10. Committee Member</b>                                   | <b>2/yr.</b>           |               |               |               |                     |
| <b>Monthly Meetings (75% meetings per)</b>                    | <b>3/yr.</b>           |               |               |               |                     |
| <b>12. Article for Newsletter</b>                             | <b>3/yr.<br/>MAX</b>   |               |               |               |                     |
| <b>13. Contribute Time and Effort to Chapter Activities</b>   | <b>2/yr.<br/>MAX</b>   |               |               |               |                     |
| <b>14. Pro-Tem President</b>                                  | <b>2/yr.</b>           |               |               |               |                     |
| <b>15. Charter Member (one time)</b>                          | <b>10</b>              |               |               |               |                     |
| <b>POINTS CLAIMED</b>   |                        |               |               |               |                     |
| <i>Reviewed by Chapter Officer</i>                            |                        |               |               |               |                     |
| <i>Signature:</i>   |                        |               | <i>Date:</i>  |               |                     |
| <i>Points Approved By National Certification Board Member</i> |                        |               |               |               |                     |
| <i>Initials:</i>  |                        |               | <i>Date:</i>  |               |                     |

| <b>E. EDUCATIONAL LEVEL</b>  |                        |               |               |               |                     |
|--|------------------------|---------------|---------------|---------------|---------------------|
| <b>Description</b>   | <b>Possible Points</b> | <b>Year 1</b> | <b>Year 2</b> | <b>Year 3</b> | <b>Total Points</b> |
| <b>16. Teach Estimating Class</b>  | <b>2/cl hr</b>         |               |               |               |                     |
| <i>Reviewed by Department Head/Dean</i>  |                        |               |               |               |                     |
| <i>Signature:</i>  |                        | <i>Date:</i>  |               |               |                     |
| <i>Points Approved By National Certification Board Member</i>  |                        |               |               |               |                     |
| <i>Initials:</i>   |                        | <i>Date:</i>  |               |               |                     |
| <b>17. Guest Lecturer Estimating Class</b>   | <b>2/cl hr.</b>        |               |               |               |                     |
| <i>Reviewed by Instructor</i>  |                        |               |               |               |                     |
| <i>Signature:</i>  |                        | <i>Date:</i>  |               |               |                     |
| <i>Points Approved By National Certification Board Member</i>  |                        |               |               |               |                     |
| <i>Initials:</i>   |                        | <i>Date:</i>  |               |               |                     |
| <b><i>In order to claim the points listed below, attach the appropriate documentation.</i></b>   |                        |               |               |               |                     |
| <b>18. Speaker Construction Seminar</b>  | <b>2/ cl hr.</b>       |               |               |               |                     |
| <b>19. Attend Estimating Courses</b>   | <b>2/cl hr</b>         |               |               |               |                     |
| <b>20. Attend Construction Seminar</b>   | <b>2/cl hr</b>         |               |               |               |                     |
| <b>POINTS CLAIMED</b>  |                        |               |               |               |                     |
| <i>Reviewed and Approved by National Certification Board Member</i>  |                        |               |               |               |                     |
| <i>Signature:</i>  |                        | <i>Date:</i>  |               |               |                     |
| <b>F. PROFESSIONAL LEVEL</b>   |                        |               |               |               |                     |
| <b>21. Manager of Estimating</b>   | <b>4/yr</b>            |               |               |               |                     |
| <b>22. Chief Estimator</b>   | <b>3/yr</b>            |               |               |               |                     |
| <b>23. Estimator</b>   | <b>2/yr</b>            |               |               |               |                     |
| <b>24. Self-Employed Estimator</b>   | <b>5/yr</b>            |               |               |               |                     |
| <b>POINTS CLAIMED*</b>   |                        |               |               |               |                     |
| <b>*ONLY ONE CATEGORY CAN BE CLAIMED IN ANY YEAR</b>   |                        |               |               |               |                     |
| <i>No verification is required for these points since you attest to the correctness of the points claimed at the end of this application. (Only one category can be claimed per year.)</i> |                        |               |               |               |                     |
| <i>Points Approved By National Certification Board Member</i>  |                        |               |               |               |                     |
| <i>Initials:</i>   |                        | <i>Date:</i>  |               |               |                     |

**G. PUBLICATIONS LEVEL**

| Description                                      | Points Possible | Year 1 | Year 2 | Year 3 | Total Points |
|--|-----------------|--------|--------|--------|--------------|
| 25. Published an Estimating Book                 | 25/book         |        |        |        |              |
| 26. Published a Technical Paper in the Estimator | 5/paper         |        |        |        |              |

In order to claim the points listed above, enclose the appropriate documentation.

**POINTS CLAIMED**

*Reviewed by National Certification Board Member*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Points Approved By National Certification Board Member*

*Initials:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**H. INDUSTRY LEVEL**

| Description   | Points Possible | Year 1 | Year 2 | Year 3 | Total Points |
|---|-----------------|--------|--------|--------|--------------|
| 27. Contribute Time & Effort to other Construction Associations*<br>* Candidate to provide documentation from other associations. | 2/yr<br>MAX     |        |        |        |              |

*Verified by ASPE Member*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Reviewed and Approved by National Certification Board Member*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**I. PROFESSIONAL REGISTRATION**

| Description                              | Point Possible | Year 1 | Year 2 | Year 3 | Total Points |
|--|----------------|--------|--------|--------|--------------|
| 28. Professional License or Registration | 4/yr           |        |        |        |              |

Submit a copy of your Professional License or Registration

*Verified by Business Office*

*Registration/License Attached*  Yes  No

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

*Points Approved by National Certification Board Member*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

| POINT TOTALS |        |
|--------------|--------|
| LEVEL        | POINTS |
| Level A      |        |
| Level B      |        |
| Level C      |        |
| Level D      |        |
| Level E      |        |
| Level F      |        |
| Level G      |        |
| Level H      |        |
| Level I      |        |
| TOTAL POINTS |        |

**7. ATTESTMENT**

*I certify that the statements in this application are correct and I agree to be governed by the rules and regulations of the Certification Program and the Society.*

*Applicants Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**8. APPROVAL**

| Certification Renewal Granted                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|
| Recommended by Regional Certification Board Member |                              |                             |
| Signature: _____                                   |                              | Date: _____                 |
| Region: _____                                      |                              |                             |
| Comments: _____                                    |                              |                             |
| _____  |                              |                             |
| _____  |                              |                             |

