

# American Society of Professional Estimators

EXECUTIVE OFFICE: ALEXANDRIA, VIRGINIA 877-273-5679

ADMINISTRATIVE OFFICE

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No part of information submitted below is used for any purpose other than to verify qualifications of candidate.*

## APPLICATION FOR ESTIMATING PROFICIENCY EXAM [check one]

( ) Estimating Proficiency Exam 2 ~ "Construction Estimator Recognition" ( ) Estimating Proficiency Exam 1 ~ "Entry level"

## REGISTRATION *(candidate should fill in items 1- 5)*

Date \_\_\_\_\_ Member Status \_\_\_\_\_ Chapter No. (IF APPLICABLE) \_\_\_\_\_

**1. NAME** \_\_\_\_\_  
Last Name First Name Middle Initial

**2. HOME ADDRESS:** \_\_\_\_\_

Street Address

City, State, Zip Code, Country

E-mail Address

## 3. PERSONAL AND EMPLOYMENT HISTORY

**Current Job Title** \_\_\_\_\_

*NOTE: Start with your present employer and account for your past estimating experience. Prove a minimum of 2 years of construction estimating experience as of application date.*

## PRESENT EMPLOYER & BUSINESS ADDRESS

\_\_\_\_\_  
Company Name Number and Street Area Code/Phone Number

City

State

Country

Zip Code

E-mail Address

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

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Company \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Job Title: \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Company \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Job Title: \_\_\_\_\_

4. APPLICATION FEE - Payable in U.S. Funds (Non-refundable) MEMBER - \$200.00 NON-MEMBER - \$250.00

Credit Card Payment Check one  Visa  MasterCard  AMEX

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Billing Address for Card (incl Zip Code) \_\_\_\_\_

5. AFFIRMATION

I affirm that the statements in this application are true and correct to the best of my knowledge. I agree to be governed by the rules and regulations of the Society and all the requirements of the Estimating Proficiency Program.

Check Appropriate Box: Agree (\_\_\_) Disagree (\_\_\_) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

~~ VERIFICATION BY ASPE (Administrative only)~~

I hereby verify that I have reviewed this application; that it is complete and fully conforms to the requirements of the Estimating Proficiency Examination Program. The information herein presented is true to the best of my knowledge.

_____	_____	_____
Print Last Name	Print First Name	Middle Initial
_____		
Company name		(____)
_____		_____
Number and Street	Area Code & Telephone Number	
_____		
City	State	Zip Code

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

GRADE FOR THIS CANDIDATE: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Testing Location \_\_\_\_\_ Date of exam \_\_\_\_/\_\_\_\_/\_\_\_\_