



Florida Association of Cadastral Mappers Master Cadastralist of Florida (MCF) Designation Application

Complete ALL appropriate information contained within this application and submit the following to the FACM Professional Designations Committee:

1. This application form
2. Copies of any certificates/documents referred to in the application.
3. The \$25.00 Candidacy Application fee.
4. The signature of a Master Cadastralist of Florida.

This application has been designed to provide the Professional Designations Committee with information that would be found in a typical professional resume. If more space is needed to fully explain your experience and education, include any additional sheets. Please print or type responses. Return application materials to:

Jeffrey C. Maasch
FACM Designations Chairman
308 Granada St.
Fort Pierce, FL 34949

BASIC INFORMATION

Name

Jurisdiction/Firm

Mailing Address

City

State

Zip

Title

Work Phone

Home Phone

Signature of MCF

MASTER CADASTRALIST OF FLORIDA

CERTIFICATE AND AGREEMENT

I, _____, hereby apply for admission to candidacy for the MCF professional designation. I certify that the information is true and correct. I agree that any further information requested of me by the Professional Designations Committee shall be submitted in a timely manner, and shall be true and correct.

It is agreed that the designation, if conferred upon me, and any certificate or emblem of designation, shall at all times remain the property of the Florida Association of Cadastral Mappers, Inc., held by me in trust, and shall be returned to FACM upon demand of the Executive Board.

I have enclosed the required candidacy fee. It is understood that this fee will be refunded to me in the event that I am not admitted to this candidacy. I further understand that if I am unable to fulfill the candidacy requirements during the first or second year, I will be charged an annual candidacy maintenance fee.

It is agreed that if I am certified as an MCF, I will pay my dues and fees as fixed by the Professional Designations Committee and approved by the Executive Board.

It is further agreed that I will abide by the Code of Ethics and Standards of Professional Conduct as well as the rules of the Professional Designations Committee concerning the use and evidence of the professional designation that I may be awarded.

In submitting this application, I state to FACM that there are not now any outstanding material challenges to my professional responsibility, character, or integrity pending against me, except as explained in the attached statement dated _____. If none, insert the word "NONE".

Signed _____

Date _____

EDUCATION

High School Grad / GED Certificate Yes/No Year Graduated _____

Name and location Of High School

College or University

Semester hours completed _____ Year Graduated _____

Areas of study/Degrees received

Vocational/Technical School and location

Hours completed _____ Year Graduated _____

List mapping, appraisal, assessment and applicable computer software courses and dates taken. Attach copies of certificates and other documents as evidence of successful completion of the listed courses.

Course Title	Date Completed
_____	_____
_____	_____
_____	_____

AFFILIATIONS

List state, national, and international professional mapping, appraisal, assessment, or surveying organizations of which you are a member.

EMPLOYMENT HISTORY

Present or most recent employment:

Street Address

City

State

Zip

Type of Business

Position/Title

Employment Period – From

To

Principal Duties

Employer's Signature

If current employment is less than three (3) years, complete the following:

Other mapping related employment

Street Address

City

State

Zip

Type of business

Position/Title

Employment Period – From

To

Principal Duties
