



| <i>SSPC Use Only</i> | Date | Initial |
|----------------------|------|---------|
| Application Verified | | |
| Supervisor Approval | | |

Pre-Requisite Form – Dry Abrasive Blaster (C7) Certification

Document Checklist - Your completed packet must be submitted to SSPC no later than **two weeks** prior to the start date of the course and include the following:

_____ Pre-Requisite Form

_____ Picture for your wallet card (.jpg file named as First_Last.jpg – max size: 2mb)

Send to:

SSPC Training Coordinator
 40 24th Street, Sixth Floor
 Pittsburgh, PA 15222-4656

Phone: 412-281-2331 x2204
 Fax: 412-281-9995
 Email: prereqs@sspc.org

Please note: Filling out this form does not register you for the course. You must pay in full by check or credit card before you are officially registered.

Applicant Information

SSPC Member ID Number: _____

Course Date: _____ Course Location: _____

Last Name: _____ First Name: _____ Middle: _____

Company Name: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _____ E-Mail Address: _____

Pre-Requisite Requirements

This information is to be completed by the candidate's human resource manager.

Prior to enrollment in the C7 program, all individuals registering must provide information showing that they meet the minimum requirements as set forth in this form. If SSPC is unable to verify any information reported on this form, it could result in a denial of your certification.

Please check off that the candidate has the following experience:

- I hereby certify that the candidate has at least 800 documented hours of experience abrasive blasting in an industrial or marine environment.

Please list the date when the candidate started working for your company:

Month: _____ Year: _____ Please check: Full-time Employment Part-time Employment

**If student does not have the minimum hours with your company, please supply their previous employment history, complete with company name and dates of hire.*

Company: _____ Month: _____ Year: _____

By my signature below, I acknowledge that I have read and understand the Abrasive Blasting requirements.

Human Resource Contact Person (Print): _____

Human Resource Signature: _____ Date: _____

HR Phone: _____ HR E-Mail Address: _____

Upper Management Contact Person (Print): _____

Upper Management Phone: _____ Upper Management E-Mail Address: _____

This information is to be completed by the applicant:

By my signature, I acknowledge that I have read and understood the C7 requirements. Failure to fill out this form truthfully, or any instance of providing inaccurate information, will result in immediate denial or revocation of my C7 certification. Failure to cooperate with the program instructors or be properly prepared (e.g. Have proper PPE) for the hands on certification session will also be grounds for denial of the C7 certification.

I do hereby certify that I have read and met the above prerequisites for the C7 Certification Program.

Applicants Signature: _____ Date: _____

SSPC is concerned about protecting the confidentiality of our members. If you pass the course or certification exams, your name and contact information will be placed on our website. Would you want your information posted on our website? Please check one of the boxes below:

Yes: No:

If you do not check one of the boxes, your information will be listed on the SSPC website.

Professional References

SSPC requests that you list three professional references:

| | Name | Phone | Email Address |
|----------|------|-------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |