



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

## Pre-Requisite Form – Airless Spray Basics (C12)

**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: FTINW SEATTLE**

SSPC Training Coordinator _____	Phone: 412-281-2331 x2204
40 24th Street, Sixth Floor _____	Fax: 412-281-9995
Pittsburgh, PA 15222-4656 _____	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: \_\_\_\_\_ [TBD] \_\_\_\_\_ Course Location: \_\_\_\_\_ [FTINW SEATTLE] \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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## Pre-Requisite Requirements

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

Prior to enrollment in the C12 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 applying protective coatings with airless spray 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

By my signature below, I acknowledge that I have read and understand the Airless Spray 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: \_\_\_\_\_

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***This information is to be completed by the applicant:***

By my signature, I acknowledge that I have read and understood the C12 requirements. Failure to fill out this form truthfully, or any instance of providing inaccurate information, will result in immediate denial or revocation of my C12 certification. Failure to cooperate with the program instructors or be properly prepared (eg. Have proper PPE) for the hands on certification session will also be grounds for denial of the C12 certification.

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

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

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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.*