



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

## Pre-Requisite Form – SSPC Coating Application Specialist (CAS) Level 2 Certification Program – Interim Status

**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  
800 Trumbull Drive  
Pittsburgh, PA 15205-4365

Phone: 412-281-2331 x2204  
Fax: 412-444-3593  
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.**

**IMPORTANT!**

**If prerequisites are not received within 30 days of the completion of the course, students will be required to register for the online recertification exam at the cost of \$250 in addition to submitting the required forms, and will be listed as Training Only students until they complete the necessary certification requirements.**

### 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: \_\_\_\_\_

Human Resource Contact Person: \_\_\_\_\_

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

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By my initial and signature below, I acknowledge that I have read and understand:

(Initial) \_\_\_\_\_ The CAS Level 2 – Interim Status pre-requisite form and instructions

I do hereby certify that I have read and met the prerequisites for the Coating Application Specialist (CAS) Level 2 Certification Program - Interim Status

Signed: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Name & title (please print) : \_\_\_\_\_

(Initial) \_\_\_\_\_ I acknowledge that failure to report accurate, complete information will delay my application. Omission or falsification of information or failure to answer all questions truthfully will result in withholding or denial of certification status.

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## Professional References

SSPC requests that you list three professional references:

	Name	Phone	Email Address
1			
2			
3			

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**Please check off the exam(s) that you plan to take:**

- CAS Level 2 (Interim Status) – Written Exam
- CAS Level 2 (Interim Status) – Hands-On Blaster Exam
- CAS Level 2 (Interim Status) – Hands-On Sprayer Exam

*\* Written Exam also available in Spanish and Greek if requested. Please check boxes below if applicable*

**\*Only check off boxes below if applicable**

- CAS Level 2 (Interim Status) – Written Exam in Spanish
- CAS Level 2 (Interim Status) – Written Exam in Greek

Signed: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

## Pre-Requisite Information

Potential examiners must meet the following prerequisites (please check selected process):

		Work Experience	Training History
<input type="checkbox"/>	Process A	2 years (minimum 2,000 hours)	150 hours of accepted, formal training
<input type="checkbox"/>	Process B	3 years (minimum 3,000 hours)	n/a

## Work Experience

This section is to be completed in reverse chronological order, starting with your most current employer. You may duplicate as many copies of this page as is necessary for complete documentation of your work history.

Related work experience is defined as work as an abrasive blaster and spray painter in an industrial or marine environment. Eligibility is subject to verification by SSPC.

The following information **must** be included in your description:

- Type(s) of blasting and painting work performed
- Type(s) of surface preparation equipment used
- Type(s) of coatings applied
- Type(s) of structures worked on

*Please note: Supervisory experience is not sufficient.*

Employer:						
Title:						
Address:						
Supervisor's Name:				Title:		
Work Phone:			Cell Phone:			
Responsibilities:						
Employed From:	Month:	Year:	To:	Month:	Year:	
Reason for Leaving:				Approx hours worked:		

Employer:					
Title:					
Address:					
Supervisor's Name:			Title:		
Work Phone:			Cell Phone:		
Responsibilities:					
Employed From:	Month:	Year:	To:	Month:	Year:
Reason for Leaving:				Approx hours worked:	

## Training History

Accepted formal training includes:

1. Any SSPC In-Person or On-line Training Course. SSPC courses range 8 to 40 hours and can be found at: [http://www.sspc.org/training/SSPC\\_Training\\_Programs\\_from\\_A\\_Z/](http://www.sspc.org/training/SSPC_Training_Programs_from_A_Z/). **Please note:** The recommended On-Line Training Program for candidates to obtain their formal training is: Applicator Training Basics E-Course – 80 hours. This e-course covers the "Core Body of Knowledge" of ACS-1/NACE 13 requirements for surface preparation and application as well as safety in painting.
2. Specialty modules that meet the full body of knowledge: SSPC has added seven new modules to help contractors meet the Full Body of Knowledge as outlined in SSPC ACS-1/NACE 13. The CD, containing a student manual, written exam, answer key, instructor manual and slide presentation, will provide you with a complete plan on how to successfully provide the training to your workers. A list of CD topics may be found at: <http://www.sspc.org/SSPC-Specialty-Module-CDs/>.
3. Professional Development or Continuing Education: SSPC, NCCER, IUPAT, FTI application specialist training, college, apprenticeship or trade school courses in the sciences, math, English or equivalent that meet the SSPC Transition Plan Body of Knowledge. The SSPC program administrator must approve any formal training and the candidate must submit the training certificate for the course.
4. OSHA 10 - Occupational Safety & Health Issues Course (10 Hrs) or OSHA 30 (30 Hrs.)
5. Lead Health and Safety Training
6. Documented Supplier Training on equipment operation or application/handling or material
7. Toolbox and other Safety and Health Training
8. Local Shipyard or Local Safety/Council or Chemical/Refinery Plant Training related to coatings

9. SSPC Applicator Training delivered by an Instructor approved to provide the ATT Curriculum

10. If a contractor's Quality Control Supervisor gives a coatings course to his workers, SSPC will accept this. We would need a copy of the course curriculum and the number of hours that the course is.

11. If a certified CAS person teaches a 20 + hour coatings course, SSPC will accept this. We would need a copy of the course curriculum and the number of hours that the course is.

12. Level One – Essentials of Paint and Painting Technology (Certification MPI ACT – MPI Architectural Coating Technologist)

**Please describe any formal training courses you have completed below:**

Organization offering course:			
Course name:			
Date(s) of course:		# of hours:	
Instructor name(s):			
Describe any topics presented and/or workshops within the course:			
Was there an exam given?		Grade:	

Organization offering course:			
Course name:			
Date(s) of course:		# of hours:	
Instructor name(s):			
Describe any topics presented and/or workshops within the course:			
Was there an exam given?		Grade:	

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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.*

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**JOB DESCRIPTION / DUTIES AND RESPONSIBILITIES ADDITIONAL INFORMATION**

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

Contractor: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Dates of Employment	Approximate Hours
Month      Year	Hours: _____
From: _____ / _____	
To: _____ / _____	

**TYPES OF WORK PERFORMED**

<input type="checkbox"/> Surface Preparation	<input type="checkbox"/> Bidding/Estimating
<input type="checkbox"/> Application	<input type="checkbox"/> Consulting
<input type="checkbox"/> Inspection	<input type="checkbox"/> Condition Assessment
<input type="checkbox"/> Specifying	<input type="checkbox"/> (Coating/Substrate)
<input type="checkbox"/> Failure Analysis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Management	
<input type="checkbox"/> Field Supervision	

**SURFACE PREPARATION METHODS USED**

<input type="checkbox"/> Abrasive Blasting
<input type="checkbox"/> Steel Shot / Grit
<input type="checkbox"/> Garnet or Similar
<input type="checkbox"/> Slag By Products
<input type="checkbox"/> Aluminum Oxide
<input type="checkbox"/> Sponge/Other _____
<input type="checkbox"/> Wet Abrasive Blasting
<input type="checkbox"/> Centrifugal Blasting
<input type="checkbox"/> Hand Tool Cleaning
<input type="checkbox"/> Power Tool Cleaning
<input type="checkbox"/> Pressure Cleaning/Washing
<input type="checkbox"/> High Pressure and UHP Water Jetting
<input type="checkbox"/> Flame Cleaning
<input type="checkbox"/> Other _____

**SUBSTRATES WORKED ON**

<input type="checkbox"/> Steel (or Other Ferrous Metal)
<input type="checkbox"/> Non-Ferrous Metal
<input type="checkbox"/> Concrete
<input type="checkbox"/> Other _____

**ADDITIONAL COMMENTS**

**COATINGS MATERIALS APPLIED**

<input type="checkbox"/> Acrylics	<input type="checkbox"/> Rubber/Other Linings
<input type="checkbox"/> Alkyds	<input type="checkbox"/> Siloxanes
<input type="checkbox"/> Coal Tar (Bituminous)	<input type="checkbox"/> Thermal Spray
<input type="checkbox"/> MultiComponent Epoxy	<input type="checkbox"/> Waterborne
<input type="checkbox"/> FRP	<input type="checkbox"/> Moisture Cured
<input type="checkbox"/> Urethanes	<input type="checkbox"/> (Urethanes/Zinc/Epoxy)
<input type="checkbox"/> Organic Zinc	<input type="checkbox"/> Polyureas
<input type="checkbox"/> Inorganic Zinc	<input type="checkbox"/> Other/Comments: _____
<input type="checkbox"/> Tapes	
<input type="checkbox"/> Impregnated Glasses	
<input type="checkbox"/> Vinyls	

**SERVICE ENVIRONMENTS/LOCATIONS**

<input type="checkbox"/> Bridge
<input type="checkbox"/> Marine (Vessel, Platform, Splash Zone)
<input type="checkbox"/> Military Installations
<input type="checkbox"/> Pipeline
<input type="checkbox"/> Power Generating Plants
<input type="checkbox"/> Pulp/Paper Mill
<input type="checkbox"/> Shop
<input type="checkbox"/> Shipyards
<input type="checkbox"/> Tanks (Interior / Exterior)
<input type="checkbox"/> Water/Wastewater Facilities
<input type="checkbox"/> Food & Beverage
<input type="checkbox"/> Other Complex Industrial Structures _____

**APPLICATION EQUIPMENT USED**

<input type="checkbox"/> Conventional Spray
<input type="checkbox"/> Airless Spray
<input type="checkbox"/> Air Assisted Airless Spray
<input type="checkbox"/> HVLP Spray
<input type="checkbox"/> Electrostatic
<input type="checkbox"/> Plural Component
<input type="checkbox"/> Power Roller
<input type="checkbox"/> Hand Application (Brush/Roller/Mit etc.)
<input type="checkbox"/> Metalizing
<input type="checkbox"/> Trowel
<input type="checkbox"/> Other _____

The above information, in addition to the information I provided on the official application is accurate and complete to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_