



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

Prerequisite Form
SSPC Aerospace Coating Application Specialist (ACAS) Certification Program

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:

- _____ Prerequisite 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 x2241
 Fax: 412-444-3591
 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.

Data Privacy Notice

SSPC is concerned about protecting the privacy of our students. If you pass the course or certification exam, you have the option of having your name and contact information made available on our website via a public search for coatings professionals. You must opt-in if you wish to be included in the search, otherwise your information will not appear. If you do not make a selection, your information will not appear in the search.

Please check the appropriate box below:

- _____ **Yes** I want my contact information to appear on the SSPC website.
- _____ **No** I do not want my contact information to appear on the SSPC website.

Applicant Information

Please list your name as you would want it to appear on your certificate

SSPC Member ID Number: _____

Course Date: _____ Course Location: _____

Last Name: _____ First Name: _____ Middle: _____

Company Name: _____ Job Title: _____

Street Address of Applicant: _____

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

Phone: _____ E-Mail Address: _____

Professional References

SSPC requests that you list three professional references:

	Name	Phone	Email Address
1			
2			
3			

Prerequisite Requirements

Potential examiners must meet the following prerequisites. You must provide information showing that you meet the minimum requirements as set forth in this form. If SSPC is unable to verify the accuracy of any information reported on this form, it may delay the processing of your application.

Candidates must meet the following requirements:

STEP 1: Take and pass a formal training course and submit certificate of completion to SSPC. Any successfully completed training course dealing primarily with surface preparation and coating application for the common substrates used by manufacturers to build aircraft that is offered by an IACET certified training organization or an accredited college, university or trade school. In addition, the student must have passed a written exam and the course must have been taught by a qualified instructor (as determined by SSPC.)

An example of a course that would qualify is:

- [SSPC Aerospace Maintainer Coating Application Training](#)

STEP 2: Apply for SSPC ACAS Certification by registering for the exam & submitting your prerequisite form.

In order to achieve ACAS certification, you must meet the following prerequisites:

1. Take the training program listed above.
2. Provide documentation of 2 years (minimum 2,000 hours) experience in the aerospace industry.
3. Pass the SSPC ACAS Hands-On exam with a 90% or greater.

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.

Please describe your work experience thoroughly, including responsibilities:

Employer:			
Title:			
Address:			
Supervisor's Name:		Title:	
Work Phone:		Cell Phone:	
Responsibilities:			
Employed From:		To:	
Reason for Leaving:			

Employer:			
Title:			
Address:			
Supervisor's Name:		Title:	
Work Phone:		Cell Phone:	
Responsibilities:			
Employed From:		To:	
Reason for Leaving:			

Employer:			
Title:			
Address:			
Supervisor's Name:		Title:	
Work Phone:		Cell Phone:	
Responsibilities:			
Employed From:		To:	
Reason for Leaving:			

By my initialing and signing below, I acknowledge that I have read and understand:
(Initial) _____ The Aerospace Coating Application Specialist (ACAS) – Certification Program
prerequisite form and instructions.

I hereby certify that I have read and met the above prerequisites for the Aerospace Coating Application
Specialist (ACAS – Certification Program).

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.