



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

Prerequisite Form Marine Plural Component Applicator (MPCAC/C14) 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:

- _____ Prerequisite Form
- _____ Signed letter showing completion of required two-day pre-training
- _____ 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: _____ I do not know my SSPC Member ID

Course Date: _____ Course Location: _____

Last Name: _____ First Name: _____ Middle: _____

Employer: _____ Job Title: _____
 Currently Unemployed

Street Address of Applicant: _____

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

Phone: _____ E-Mail Address: _____
 Home Mobile Office

Professional References

SSPC requests that you list three professional references:

	Name	Phone	Email Address
1			
2			
3			

Prerequisite Requirements

Prior to attending the **MPCAC/C14** program, all registering individuals must provide adequate information showing that they 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 result in the rejection of your application.

To become an SSPC C14 Certified Applicator, you must show proof of completion of prior plural component pump equipment training totaling at least 16 hours and meet the work experience requirements listed on this form.

Certification Process

In order to qualify for the MPCAC/C14 program, you must provide proof of completion of at least 2 days or 16 hours of training by one of the following:

- An instructor certified by the plural component pump equipment manufacturer.
(ex: Graco, WIWA, Wagner, etc)
- An instructor certified as a qualified trainer by your employer.

The documented training must address, at a minimum, proper and safe operation, maintenance and troubleshooting of the pump being qualified on, and a hands-on component which should include the student starting, operating, and shutting down the equipment.

The proof of completion should in the form of a signed letter from the instructor stating a brief overview of content covered in class. This letter needs to be on official letterhead stating the student attended all of the training class. The date and location must be included in the letter. If there was a training manual distributed to students, a copy of it must be provided with this prerequisite form.

_____ Enclosed is the instructor signed letter documenting the required pre-training.

Certification Category

Please check one:

- Equipment Operator
- Spray Painter
- Spray Painter & Equipment Operator

Candidate must have the following experience to qualify for certification:

- Equipment Operator: 400 hours experience operating a plural component spray pump.
- Spray Painter: 800 hours applying protective coatings with airless spray in an industrial or marine environment.
- Spray Painter & Equipment Operator: 800 hours applying protective coatings with airless spray in an industrial or marine environment and 400 hours operating a plural component spray unit.

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

Please check off that the candidate has the following experience:

I hereby certify that _____ meets the requirements for:
(Candidate's Name)

- Equipment Operator Spray Painter Spray Painter & Equipment Operator

I also certify that the candidate meets the experience requirement for the following Plural Component Pump(s):

_____ || _____
(Make) (Model) (Make) (Model)

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

Month: _____ Year: _____ Full-time Employment OR: Part-time Employment

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

Company: _____ Month: _____ Year: _____

Company: _____ Month: _____ Year: _____

Company: _____ Month: _____ Year: _____

By my signature below, I acknowledge that I have read and understand the C14 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 MPCAC/C14 Certification Program prerequisite form and requirements. Failure to fill out this form truthfully, or any instance of providing inaccurate information, will result in immediate denial or revocation of the MPCAC/C14 certification. Failure to cooperate with the program instructors or to be properly prepared (e.g. have proper PPE) for the hands-on qualification session will also be grounds for denial of certification.

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

Applicants Signature: _____ Date: _____

Applicants Name (Printed): _____