



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

## Prerequisite Form Abrasive Blasting Program (C7)

**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.

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## **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

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## **Professional References**

SSPC requests that you list three professional references:

	<b>Name</b>	<b>Phone</b>	<b>Email Address</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			

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## **Prerequisite Requirements**

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

Prior to attending the **C7** 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.

### **Please check off that the candidate has the following experience:**

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

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

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By my signature below, I acknowledge that I have read and understand the Abrasive Blasting Program (C7) 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 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: \_\_\_\_\_

Applicants Name (Printed): \_\_\_\_\_