



PROTECTIVE COATINGS SPECIALIST (PCS) CERTIFICATION RENEWAL APPLICATION FORM

SSPC Customer #: _____ Cert. Expiration Date: _____

**Please provide your current contact information below:*

Name: _____

Company: _____

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone: _____ Fax: _____

Email: _____

This email must be accessible by the individual who is applying for recertification.

**** Email your photo (as a .jpg file) to: palmieri@sspc.org**

- Recertification Fees:** _____ \$250 SSPC Recertification at Member rate
 _____ \$450 SSPC at Non-Member
 _____ \$100 Membership (domestic/international w/electronic JPCL)
 _____ \$125 Membership (international w/hard copy JPCL)

Method of Payment:

_____ Check Enclosed _____ Visa _____ American Express _____ Master Card _____ Discover

Card # _____ Expiration Date _____ Security Code _____

Name on Card: _____

Card billing address/zip code: _____

GSA Option – I would like information for special lower pricing be provided to me: _____

Please sign, date and return this form along with your recertification fee to: Silvia Palmieri

Mail To:

SSPC: The Society for Protective Coatings
Attn: Silvia Palmieri
800 Trumbull Drive
Pittsburgh, PA 15205-4365

Email To: palmieri@sspc.org

Applicant Signature: _____

Date: _____