



Full Status – renewal form

RENEWAL APPLICATION FORM

Certification Expiration Date: _____ Customer #: _____

**Please use the space below for your contact information:*

Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____ Country _____

Phone: _____ Email: _____

*** Please email your photo, for the new wallet card I.D. to: palmieri@sspc.org**

Option A:

I would like to Renew my CAS Level 2 Full Status Certification

Renewal Fees:

- _____ \$250 SSPC CAS Level 2 Recertification at Member rate
- _____ \$450 SSPC CAS Level 2 Recertification @ Non-Member
- _____ \$100 Membership (domestic rate/ foreign electronic jpcl)
- _____ \$125 Membership (foreign rate hard copy jpcl)

IUPAT Union ID #: _____

District Council #: _____

Local Union Affiliation #: _____

Successful completion of a minimum of 24 hours per year (72 total) of training related to the candidates' profession, please include documentation.

Option B:

I would like to renew my CAS Level 2 Full Certification

You must submit a CAS Level 2 Full Certification Application documenting that you meet the minimum work experience of the program then take the written 200-question exam.

200 Question Exam at a site – Fees:

- _____ \$175 member rate
- _____ \$275 non-member rate

Method of Payment:

_____ Check Enclosed ___ Visa ___ American Express ___ Mastercard ___ Discover

Card # _____ Expiration Date _____ Sec Code _____

Name on Card: _____

Please sign, date and return with renewal fee to:

SSPC: The Society for Protective Coatings
 800 Trumbull Drive, Pittsburgh, PA 15205-4365
 Attn: Silvia Palmieri Phone: 412-281-2331 ext. 2201 Email: palmieri@sspc.org

Signature: _____ Date: _____



STATEMENT OF EXPERIENCE REQUIREMENTS FOR RECERTIFICATION OF THE SSPC (CAS) COATING APPLICATION SPECIALIST
FULL STATUS

All individuals recertifying for the CAS L2 Full Status Program must provide information showing that they meet the minimum requirements as set forth in this form. If SSPC is unable to verify any information reported on this form, it could result in a denial of your recertification.

In order to be eligible for recertification, this work experience form must be completed and signed by your HR Manager/Supervisor and returned to SSPC - e-mail to palmieri@sspc.org

The student must have a minimum of 1,500 documented hours experience an industrial or marine environment during their 3 -Year CAS L2 Full certification term.

*This section to be completed by the Human Resource Manager. (Please Print)

Candidate Name: _____

Candidate Company Name: _____

Human Resource Manager Name (print): _____

Signature: _____

I hereby certify that _____ has 1,500 documented hours of experience in an industrial or marine environment during their certification term.

HR Telephone Number: _____

HR E-Mail Address: _____

*This section to be completed by the Recertification Candidate. (Please Print)

By my signature, I acknowledge that I have read and understood the CAS Recertification Program Experience Form. Failure to fill out the Experience Form truthfully or any instance of providing inaccurate information will result in immediate denial or revocation of my CAS Certification. I do hereby certify that I have read and met the above requirements for the CAS Recertification Program.

Name of Candidate (Print) _____

Signature: _____ Date: _____

Daytime telephone number: _____ E-mail Address: _____



CAS LEVEL 2 FULL COATINGS FORMAL TRAINING DOCUMENTATION FORM

Please complete and return this form to SSPC along with the verification of training hours.

Name: _____
Company: _____
Address: _____
City _____
State: _____ Zip Code: _____
Country: _____
CAS Expiration Date: _____ CAS Identification #: _____

List the course/training you have attended during your certification term in the space provided below along with the number of hours. Please attach the verification of your attendance such as a certificate or letter of attendance, time card, etc.

<u>Name of Training Program</u>	<u>Hours</u>	<u>Verification</u>
1. _____ Provider: _____	_____	_____
2. _____ Provider: _____	_____	_____
3. _____ Provider: _____	_____	_____
4. _____ Provider: _____	_____	_____
5. _____ Provider: _____	_____	_____
6. _____ Provider: _____	_____	_____
7. _____ Provider: _____	_____	_____
8. _____ Provider: _____	_____	_____

Return by E-mail: palmieri@sspc.org
US Mail: Silvia Palmieri/SSPC: The Society for Protective Coatings
800 Trumbull Drive, Pittsburgh, PA 15205-4365

For SSPC Use Only
Application Received Date: _____

Checked by: _____
Approved: Yes or No
Date: _____

If not approved, action taken: