

**Coating Application Specialist – (CAS) – LEVEL 2****Interim Status****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: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Note: Your Photo should be emailed, JPG File, to [palmieri@sspc.org](mailto:palmieri@sspc.org)**
**Option A:**
 **I would like to Renewal my CAS Level 2 Interim 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 12 hours per year of training related to the candidates' profession, please include documentation.**
**Option B:**
 **I would like to move on to the CAS Level 2 Full Certification**
**You must submit a CAS Level 2 Full Certification Application documenting that you meet the minimum work experience and training requirements of the program then take the written 200-question exam. If you choose this option, you do not have to complete the renewal application.**
**200 Questions 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.

 Email: [palmieri@sspc.org](mailto:palmieri@sspc.org)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**STATEMENT OF EXPERIENCE REQUIREMENTS FOR RECERTIFICATION  
OF THE SSPC (CAS) COATING APPLICATION SPECIALIST LEVEL 2  
INTERIM STATUS.**

All individuals recertifying for the CAS L2 Interim 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 Interim certification term.**

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

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\*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 INTERIM COATINGS - RENEWAL  
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](mailto:palmieri@sspc.org)  
Or Mail to: Silvia Palmieri, Individual Certification Coord.  
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: