



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

## Pre-Requisite 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:

- \_\_\_\_\_ Pre-Requisite Form (Including relevant work experience)
- \_\_\_\_\_ 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.**

### Applicant Information

*Please list your name as you would want it to appear on your certificate*

SSPC Member ID Number: \_\_\_\_\_

Course Date: \_\_\_\_\_ Course Location: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Street Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Pre-Requisite Requirements

Prior to enrollment in the MPCAC/C14 program, you must provide information showing that you 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 rejection of your application.

In order to qualify for the MPCAC/C14 program you must successfully complete a minimum of 2 days (16 hours) of documented training by one of the following:

- An instructor certified by the plural component pump equipment manufacturer
- An instructor certified as a qualified trainer by your employer

The documented training must address, at minimum, proper and safe operation, maintenance and troubleshooting of the plural component spray pump you are being qualified on. The training must include a hands-on component where the student starts, operates and shuts down the equipment.

Candidates for the MPCAC/C14 program must submit a signed letter from the instructor of the training, on letterhead, stating that they were a student in the training class. The date of the class and the location must be included in the letter. Candidates must also submit a copy of the training manual provided.

Please note: SSPC must accept the equipment training in order for the candidate to be eligible for the MPCAC/C14 program.

- Enclosed is the signed letter from the instructor of the two-day 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: \_\_\_\_\_ Please check:  Full-time Employment  Part-time Employment

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

Company: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

By my signature below, I acknowledge that I have read and understand the Plural Component Application.

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 meet the above prerequisites for the MPCAC Certification Program.

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

**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.

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.

---

**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>			