



## SSPC Marine Plural Component Applicator Certification C-14 (MPCAC) Application Form

**Please complete the following:**

### Applicant Information

Date of Course: \_\_\_\_\_ City & State of Course: \_\_\_\_\_

SSPC Membership Status:     Non-Member     Member

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Job Title \_\_\_\_\_

Current Employer \_\_\_\_\_

Address of Current Employer Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web Site Address \_\_\_\_\_

Human Resource Contact Person \_\_\_\_\_

HR Mgr Phone \_\_\_\_\_ HR Mgr E-mail \_\_\_\_\_

Applicant's Home Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

In order to be eligible for certification, this experience form must be completed and signed by your HR Manager and sent to SSPC **10 days before** the start date of your class.

**\*\*\*Fax or e-mail form to: 412-281-9995 or [bodack@sspc.org](mailto:bodack@sspc.org)\*\*\***

## Prerequisites for MPCAC Program Candidates

Prior to going through the qualification session, all individuals registering for the MPCAC Program must provide 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 rejection of your application.

**1. Candidates for MPCAC must show that they have successfully completed 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 16-hour 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 actually starts the equipment, operates it with actual material and shuts the equipment down.

**2. Candidates for MPCAC must submit a signed letter from the instructor of the 16-hour training, on the instructor's letterhead, stating that they were a student in the training class. The date of the class and location must be included in the letter. Candidates must also submit to SSPC a copy of the training manual provided. SSPC must accept the equipment training in order for the candidate to be eligible for the qualification session.**

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### **Certification Category Sought: (Check One)**

- Equipment Operator
- Spray Painter
- Spray Painter/Equipment Operator

### **Candidate must have the following experience to qualify for certification:**

- Equipment Operator : At least one-year experience (minimum 400 hours) operating a plural component spray pump.
- Spray Painter: At least two years experience (minimum 800 hours) applying protective coatings with airless spray in an industrial or marine environment.
- Spray Painter/Equipment Operator: At least two years experience (minimum 800 hours) applying protective coatings with airless spray in an industrial or marine environment and (min 400 hrs) operating a plural component spray unit.

**\*This section to be completed by the candidate employer's Human Resource Manager.  
(Please Print)**

Company Name: \_\_\_\_\_

Human Resource Manager Name (print): \_\_\_\_\_

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

I hereby certify that \_\_\_\_\_ meets the experience requirements for:

(Candidate's name)

- Equipment Operator
- Spray Painter
- Spray Painter/Equipment Operator

**I also certify that the candidate meet the experience requirement for the following  
Plural Component Pump (s).**

\_\_\_\_\_ (make) \_\_\_\_\_ (model)

**Please list the date of when the candidate started working for your company:**

Month \_\_\_\_\_ Year \_\_\_\_\_ Full Time Employment  Part Time Employment

HR Mgr. Telephone Number/E-Mail Address: \_\_\_\_\_

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**\*This section to be completed by MPCAC Candidate.**

By my signature, I acknowledge that I have read and understood the MPCAC Certification 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 the MPCAC 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.

Name of certification candidate (Print) \_\_\_\_\_

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

Daytime telephone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Note-candidates must present valid government issued photo ID to evaluator/instructor to be eligible for qualification.

**\*Please fax this form to Dee Boyle at 412-281-9993 prior to your certification session.**