



**Protective  
Coatings  
Specialist  
(PCS)**

Application for Certification



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# INSTRUCTIONS FOR COMPLETING THE PCS APPLICATION

## Section A – Personal

1. Spell your name as it should appear on the certificate, wallet card and program notices or documents.
2. List your complete business address
3. If you would like to receive program correspondence at another address, please list it.

## Section B – Demographic Information

1. Indicate your employer's main business activity (or yours, if self-employed)
2. Indicate your main work function
3. Indicate where you first learned about the PCS Program

## Section C – Membership Status

Indicate whether you are an SSPC member, your membership number, and expiration date.

## Section D – Education History

Fill in all that apply

## Section E – Coatings Related Training

List courses, training programs, seminars, and symposia that you have completed and wish to be considered for the PCS training requirement. Attach copies of certificates or other proof of successful completion.

## Section F – Work Experience

1. Work experience is deemed acceptable only if it relates directly to the use of protective coatings for corrosion control. Such experience may include industrial coatings manufacture, sales (technical support), preparation of specifications, coatings application, coatings inspection and field QC, coatings-related safety, coatings-related environmental compliance, and project management.
2. Applicants must demonstrate competence in the following areas:
  - evaluation of coating system performance,
  - selection of coating systems,
  - preparation of coating specifications,
  - coating failure analysis,
  - evaluation of shop and field application procedures, and
  - development of painting contracts.
3. Complete this section in reverse chronological order, starting with the current position. Use additional copies of the Work Experience page for full documentation of work history. Only substantial employment is acceptable. (Substantial employment is full-time employment consisting of at least 75% of the year in a position that is 100% coatings work.)
4. Although a resume may be attached, it may not be substituted for this section of the application.
5. Describe your work experience thoroughly, including responsibilities.

## Section G – Professional References

1. Provide a copy of the Professional Reference form to each individual you have listed as a reference.
2. Submit references with the application (include a supervisor, a client, and a professional peer).
3. For applicants employed by a facility owner (state highway department, power company, paper mill, etc.), a 'client' can be another department for whom coatings-related technical services were provided.
4. For a self-employed individual, a professional peer or client may be substituted for the supervisor.

## Section H – Application Fee

Please indicate method of payment. SSPC will accept a check, money order, MasterCard, Visa, and American Express. Application fees must accompany the application and are non-refundable.

## Section I – Exam Date and Location

Please indicate your choice of exam date and location.

## Section J – Attestation

Please sign and date the form. Altered or unsigned applications will not be processed.

# APPLICATION FOR PCS CERTIFICATION

## Section A – Personal



Name:			
Title:			
Company:			
Company Address:			
City:		State/Province:	
Zip:		Country:	
Phone:		Fax:	
E-Mail:			

Provide the address where PCS correspondence should be sent (if different from above)

Address:			
City:		State/Province:	
Zip:		Country:	
Phone:		Fax:	
E-Mail:			

## Section B – Demographic Information

Type of Business (Please check the ONE that applies best):

- |  |  |
|--|--|
| <input type="checkbox"/> Facility Owner (end user of coatings) | <input type="checkbox"/> Fabricator                          |
| <input type="checkbox"/> Architect, Engineer, Consultant       | <input type="checkbox"/> Abrasives Manufacturer              |
| <input type="checkbox"/> Painting Contractor                   | <input type="checkbox"/> Equipment Manufacturer              |
| <input type="checkbox"/> Flooring Contractor                   | <input type="checkbox"/> Coatings and Linings Manufacturer   |
| <input type="checkbox"/> General Contractor                    | <input type="checkbox"/> Coatings Raw Materials Manufacturer |
| <input type="checkbox"/> Specialty Contractor                  | <input type="checkbox"/> Other Mfg. (specify): _____         |
| <input type="checkbox"/> Concrete Contractor                   | <input type="checkbox"/> Dealer / Distributor / Store        |
| <input type="checkbox"/> Other Contractor (specify): _____     | <input type="checkbox"/> Government / Reg. Agency / Research |
| <input type="checkbox"/> Shipyard                              | <input type="checkbox"/> Other (specify): _____              |

In which industries or structures are you involved in coatings work? (Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Chemical Processing                            | <input type="checkbox"/> Waste Treatment                     |
| <input type="checkbox"/> Petroleum Refining / Processing / Distribution | <input type="checkbox"/> Food / Beverage / Pharmaceutical    |
| <input type="checkbox"/> Metals and Mining                              | <input type="checkbox"/> Pipeline                            |
| <input type="checkbox"/> Pulp and Paper                                 | <input type="checkbox"/> Gas Utility                         |
| <input type="checkbox"/> Oil / Gas Production                           | <input type="checkbox"/> Shipping / Ship Management          |
| <input type="checkbox"/> Power, Conventional                            | <input type="checkbox"/> Railcar Manufacturing and/or Repair |
| <input type="checkbox"/> Bridge and Highway                             | <input type="checkbox"/> Equipment / Vehicle Mfg. and Maint. |
| <input type="checkbox"/> Waterfront / Locks / Dams                      | <input type="checkbox"/> Military                            |
| <input type="checkbox"/> Waterworks / Storage                           | <input type="checkbox"/> Stadiums and Theme parks            |
| <input type="checkbox"/> Power, Nuclear                                 | <input type="checkbox"/> General Commercial                  |
|   | <input type="checkbox"/> Other _____                         |

How did you learn of the PCS program?

- SSPC Web Site
- SSPC Mailing
- JPCL Article

- JPCL Ad
- Ad in other publication
- Word of Mouth



### Section C – Membership Status

SSPC Member:  Yes  No

SSPC Member # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Please send membership information

### Section D – Education History

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### Section E – Coatings-Related Training

Course Name:			
Provider Name:			
Date Completed:		Course Hours:	
Curriculum:			

Course Name:			
Provider Name:			
Date Completed:		Course Hours:	
Curriculum:			

Course Name:			
Provider Name:			
Date Completed:		Course Hours:	
Curriculum:			

**If necessary, attach sheet(s) for additional education or training information**



## Section F – Work Experience

Employer:	
Street Address:	
City & State:	
Supervisor's Name:	
Company Product/Service:	
Responsibilities:	
Dates of Employ: from	to
Total Time in this Position:	

Employer:	
Street Address:	
City & State:	
Supervisor's Name:	
Company Product/Service:	
Responsibilities:	
Dates of Employ: from	to
Total Time in this Position:	

Employer:	
Street Address:	
City & State:	
Supervisor's Name:	
Company Product/Service:	
Responsibilities:	
Dates of Employ: from	to
Total Time in this Position:	

Employer:	
Street Address:	
City & State:	
Supervisor's Name:	
Company Product/Service:	
Responsibilities:	
Dates of Employ: from	to
Total Time in this Position:	

If necessary, attach sheet(s) for additional work information



## Section G - Professional References

Name:			
Title:			
Company:			
Company Address:			
City:		State/Province:	
Zip:		Country	
Phone:		Fax:	
E-Mail:			
<input type="checkbox"/> Supervisor <input type="checkbox"/> Client <input type="checkbox"/> Peer			

Name:			
Title:			
Company:			
Company Address:			
City:		State/Province:	
Zip:		Country	
Phone:		Fax:	
E-Mail:			
<input type="checkbox"/> Supervisor <input type="checkbox"/> Client <input type="checkbox"/> Peer			

Name:			
Title:			
Company:			
Company Address:			
City:		State/Province:	
Zip:		Country	
Phone:		Fax:	
E-Mail:			
<input type="checkbox"/> Supervisor <input type="checkbox"/> Client <input type="checkbox"/> Peer			



**Section H – Application Fee**

- I have enclosed a check in payment of the non-refundable application fee.
- Please charge the non-refundable application fee to my credit card. My signature in the space marked "Authorized Signature" indicates that I acknowledge the fee applies regardless of whether my application is accepted.

Credit Card Information		
<input type="checkbox"/> MasterCard	Amount:	
<input type="checkbox"/> Visa	Card #	Exp. Date:
<input type="checkbox"/> American Express	Signature:	

**Section I – Exam Date and Location**

- Please add my name to the exam scheduled at the following location:

\_\_\_\_\_ in \_\_\_\_\_  
 Date City & State

- I have not decided on an exam date or location yet.
- Please send a schedule of upcoming exam dates and locations.

**Section J – Attestation**

I certify that the statements above, including attachments, are accurate to the best of my knowledge and belief. I authorize SSPC to verify any and all items of information submitted. I understand that any falsification of information in this application, including attachments, may be cause for rejection or withdrawal of certification.

Although reasonable efforts will be made by SSPC to keep this renewal confidential, I understand that SSPC is under no obligation to keep confidential any information that I submit.

I agree to hold SSPC harmless from any liability in the event this renewal is rejected based on information submitted by me or by third parties that would, in SSPC's judgement, make me ineligible for certification.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**Email/Submit this form to:**



Ver 02/16

Silvia Palmieri, Individual Certification Coordinator  
 800 Trumbull Drive  
 Pittsburgh PA 15205-4365  
 Phone: (412) 281-2331 ext.2201  
 Dir. fax: (412) 281-9510  
 Email: palmieri@sspc.org