



**PROTECTIVE COATINGS SPECIALIST (PCS) CERTIFICATION  
ANNUAL RENEWAL ATTESTATION**

**Customer Information:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_

This information is correct. If not, please attach a business card or correct the information above.

\_\_\_\_\_ I want to renew my certification as an SSPC Protective Coatings Specialist For another 4 year term.

\_\_\_\_\_ I attest that I remained employed \*full-time in the Protective Coatings Industry during the past year

SSPC may contact the following person to verify my employment. This person must be a supervisor or principal of the company at which you are employed. This person must be able to document your work in the protective coatings industry over the past year.

To verify my employment:

Name: _____		
Address: _____		
City, State, Zip: _____		
Phone: _____	Fax: _____	Email: _____
Relationship: _____		

\* Full Time Employment: Substantial experience that consists of at least 75% coatings work or employment at least 75% of the year in a position that is 100% coatings work. Return this form by Fax, email or mail to maintain your certification.

**SSPC** Attn: Silvia Palmieri, 800 Trumbull Drive, Pittsburgh, PA 15205-4365  
palmieri@sspc.org

**THANK YOU FOR YOUR CONTINUED PARTICIPATION IN PCS!**