



AMPP™

AMPP CIP Level 3 Peer Reviewer Application

This application is for candidates applying to become an AMPP CIP Peer Reviewer. The Peer Reviewer is responsible for the examination and evaluation of CIP candidates who are pursuing CIP Level 3 certification.

REQUIREMENTS FOR AMPP CIP PEER REVIEWER

To qualify as a peer reviewer, candidates must have the requisite work experience in either Liquid or Powder Coating manufacturing, QC inspection, Coating & Lining application, Passive Fireproofing application, Thermal Insulation installation, Composite applications, and Metallization methods. In addition, the Peer Reviewer should possess project management experience and be familiar with coating processes and procedures. The process to attain Peer Reviewer status involves 4 steps:

1. **Application** – submit for approval
2. **Demonstration** – presentation and communication skills - evaluated by the application review board
3. **Onboarding (shadowing)** – attend and contribute to at least two peer reviews as a “Provisional Peer”
4. **Approved** – Peer Reviewer

Peer Reviewer Candidate must meet the following minimum criteria:

- Hold a valid CIP Level 3 certification for a period no less than 5 years
- Have a minimum of 10 years verifiable field work experience directly related to Coating Inspection as a CIP (AMPP Certified Coating Inspector)
- Have a clean record with AMPP which includes no disciplinary actions taken related to unethical behavior or breaches of AMPP policies.

Candidates who meet all the requirements above may complete the application and submit it directly to AMPP Certification for review and approval.

Submit completed application to:

**AMPP
Certification Department
15835 Park Ten Place
Houston, TX 77084**

E-mail: certificationnew@ampp.org



AMPPTM

CIP Level 3 Peer Reviewer Application

Member: o Yes No Member #

Applicant's Name: _____

Home Address: _____

Country: _____ Zip/Postal Code: _____

Company Name: _____

Company Address: _____

Country: _____ Zip/Postal Code: _____

Phone: Home _____ Business _____ Fax _____

Email: _____

I certify I have not been under disciplinary actions related to unethical behavior or breaches of AMPP policies.

Signature: _____

Printed Name: _____

Date: _____

INDIVIDUAL JOB DOCUMENTATION

Use one of the charts below for each job; that is, each period of work experiences you wish to document. Note that for this form, "job" is defined as "a position in which you are regularly employed for a period of time". Please provide all information requested. Applications must be printed legibly in black ink or typed. Illegible information can delay the application process. 10 years of verifiable field work experience directly related to Coating Inspection as a CIP (Certified Coating Inspector) is required.

Job Information	Who can AMPP contact to verify this experience?
Job Title: Company: From: Month Year To: Month Year Number of Months on this job:	Name: Company: Phone: Email:
Describe in detail what are/were your specific coating-related duties in this job. <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>	

Job Information	Who can AMPP contact to verify this experience?
Job Title: Company: From: Month Year To: Month Year Number of Months on this job:	Name Company Phone: Email:
Describe in detail what are/were your specific coating-related duties in this job. <div style="height: 100px; border: 1px solid black; margin-top: 5px;"></div>	

*Additional Job Information charts can be found on page 5.

- 1. Active AMPP Certification(s): (List certification type, cert number, and expiration date)**
CIP Level 3 certification must be active, with no lapse, for a minimum of 5 years

- 2. Technical or Background Experience; Specialization, Certification, Professional Registration(s)**

- 3. Essay Question: How will AMPP benefit if you became a CIP Level 3 Peer Reviewer?**

ATTESTATION (this form must be signed and dated)

I hereby:

- (1) Recognize and acknowledge that the proper control of corrosion can be critical to the safety and welfare of the general public and industrial facilities.
- (2) Recognize and acknowledge that the control of corrosion is obligatory to maximize conservation of our material resources, to reduce economic losses, and to protect the environment.
- (3) Recognize and acknowledge that the entire field of corrosion and its control encompasses the application of the knowledge and experience of many diverse disciplines and levels of technical competence which must often be consulted.
- (4) Recognize and acknowledge that only through continual association and cooperation with others in this field can the safest and most economical solutions be found to the many corrosion problems.
- (5) Recognize and acknowledge that the quality of their work reflects on the entire profession of corrosion control.

For these reasons I:

- (1) Agree to give first consideration in my corrosion control work to public safety and welfare, and to protect the environment.
- (2) Agree to apply myself with diligence and responsibility to the corrosion control work that lies within my area of competence.
- (3) Agree to pursue my work with fairness, honesty, integrity and courtesy, ever mindful of the best interests of the public, my employer, and fellow workers.
- (4) Agree to not represent myself to be proficient or make recommendations in phases of corrosion control work in which I am not qualified by knowledge and experience.
- (5) Agree to avoid and discourage untrue, sensational, exaggerated or unwarranted statements regarding my work in oral presentations, written texts, and/or advertising media.
- (6) Agree to treat as confidential my knowledge of the business affairs and/or technical process of clients, employers, or customers when their interests so require.
- (7) Agree to inform clients or employers of any business affiliations, interests, and/or connections which might influence my judgment.
- (8) Agree to uphold, foster, and contribute to the achievement of the published objectives of NACE International.

I understand that my failure to comply with these requirements could result in disciplinary action.

Signature: _____

Printed Name: _____

Date: _____

INDIVIDUAL JOB DOCUMENTATION CONTINUED

Job Information	Who can AMPP contact to verify this experience?
Job Title: Company: From: Month Year To: Month Year Number of Months on this job:	Name: Company: Phone: Email:
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