

SSPC Waterjetting Program (C13) Prerequisite Form



AMPP Headquarters

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Email completed form to: prereqs@ampp.org

Course Date: _____ **Course Location:** _____

Your completed form and photo must be submitted to AMPP no later than **two weeks** prior to the start date of the course and include the following:

☐ Prerequisite Form

☐ Picture for your wallet card (.jpg file named as First_Last.jpg – max size: 2mb)

Applicant Information:

Please list your legal name as you would want it to appear on your certificate, no nicknames.

AMPP Member/Account #: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Employer: _____ Job Title: _____
☐ Currently Unemployed

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ E-Mail Address: _____
☐ Home ☐ Mobile ☐ Office

Professional References: (Must provide three professional references)

	Name	Phone	Email Address
1			
2			
3			

The below section is to be filled out by a Human Resource Representative:

Prerequisite Requirements:

Prior to attending the **C13** program, all registering individuals must provide adequate information showing that they meet the minimum requirements as set forth in this form. If AMPP is unable to verify the accuracy of any information reported on this form, it may result in the rejection of your application.

Please check off that the candidate has the following experience:

☐ I hereby certify that the candidate has at least 120 documented hours of experience waterjetting in an industrial or marine environment.

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

Month: _____ Year: _____ ☐ Full-time Employment OR: ☐ Part-time Employment

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

Company: _____ Month: _____ Year: _____

Company: _____ Month: _____ Year: _____

Company: _____ Month: _____ Year: _____

By my signature below, I acknowledge that I have read and understand the Waterjetting Program (C13) requirements.

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: _____

The below section is to be filled out by the applicant:

Data Privacy Notice:

AMPP 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.

☐ **Yes**, I want my contact information to appear on the AMPP website.

☐ **No**, I do not want my contact information to appear on the AMPP website.

AMPP Terms of Service, Candidate Agreement and Code of Professional Conduct:

IMPORTANT! You are entering into a legally binding agreement. Prior to signing this prerequisite form please read the [Candidate-Agreement-and-Ethics-Attestation.pdf \(higherlogicdownload.s3.amazonaws.com\)](https://higherlogicdownload.s3.amazonaws.com/AMPP/Candidate-Agreement-and-Ethics-Attestation.pdf) document, which can be found under Certification Resources on our website, www.ampp.org.

YOUR USE OF AND ACCESS TO THE ASSOCIATION FOR MATERIALS PROTECTION AND PERFORMANCE (“AMPP”) MY CERTIFICATION PORTAL, AMPP CERTIFICATION EXAMINATIONS AND AMPP CERTIFICATIONS ARE CONDITIONED UPON YOUR ACCEPTANCE OF AND COMPLIANCE WITH THESE TERMS OF SERVICE AND ALL INCORPORATED ADDITIONAL TERMS AND AMPP POLICIES (THE “TERMS”)

By my signature, I acknowledge that I have read and understood the program requirements. Failure to fill out this form truthfully, or any instance of providing inaccurate information, will result in immediate denial or revocation of my certification. Failure to cooperate with the program instructors or be properly prepared (e.g. Have proper PPE) for the hands-on certification session will also be grounds for denial of the certification.

I hereby certify that I have read and agree to the above requirements for the Certification Program.

Applicants Signature: _____ Date: _____

Applicants Name (Printed): _____

**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.**