

## STATEMENT OF EXPERIENCE REQUIREMENT FOR NAVSEA BASIC PAINT INSPECTOR (NBPI)

All individuals must provide information showing that they meet the minimum requirements for recertification as set forth in this form. If AMPP is unable to verify any information reported on this form, it could result in a denial of your recertification.

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### Work Experience:

*\*The below section is to be completed by the candidates HR Manager or Supervisor (please print)*

I hereby certify that \_\_\_\_\_ has documented hours of work experience on a Navy, Coast Guard of similar vessel, during the certification term.

HR Manager/Supervisor Name: \_\_\_\_\_

HR Manager/Supervisor Phone: \_\_\_\_\_

HR Manager/Supervisor Email: \_\_\_\_\_

HR Manager/Supervisor Signature: \_\_\_\_\_

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

**IMPORTANT!** You are entering into a legally binding agreement. Prior to signing this 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](http://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.

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

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

Applicants Name (Printed): \_\_\_\_\_

**Please return your completed form to [CertificationRenewal@ampp.org](mailto:CertificationRenewal@ampp.org)**