



## FLORIDA INDUSTRIAL PRETREATMENT ASSOCIATION Voluntary Certification Application

**Directions:** Form must be completely filled and the original sent to the FIPA Education Coordinator.  
Application must be signed by both the applicant and their supervisor.  
Application and course fee must be received no later than 30 days prior to exam.

Training Location: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ FIPA ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ (street)  
\_\_\_\_\_ FL \_\_\_\_\_  
\_\_\_\_\_ (city) \_\_\_\_\_ (zip)

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Title: \_\_\_\_\_

Current Employer: \_\_\_\_\_

List Highest Industrial Pretreatment voluntary certification level held:

class	certificate #	certifying organization	date issued
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**If you are seeking certification, please review the FIPA Certification Qualifications to ensure you are qualified for the course you wish to take. Successful completion of the course will earn 1.6 CEUs.  
Place an "X" in the appropriate space:**

Industrial Pretreatment C:	Course and exam	___	Course only	___	Exam only	___
Industrial Pretreatment B:	Course and exam	___	Course only	___	Exam only	___
Industrial Pretreatment A:	Course and exam	___	Course only	___	Exam only	___

**Certification at the "A" & "B" levels requires actual daily experience specific to Industrial Pretreatment operations. Be sure to list specific IP job duties to be considered for certification at those levels (including supervisory experience required for level A certification). List all employers where Industrial Pretreatment experience has been gained. All information must be complete.**

Employer: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete application on next page

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: False or incorrect information provided on this application form and acknowledged as being true and correct by the supervisor and applicant will result in a FIPA Board of Directors hearing that may result in the revocation of any and all existing FIPA certifications held by either party executing this document.**

**SUPERVISORS VERIFICATION: By signing this application form I affirm that I have reviewed the completed form and CERTIFY that to the best of my knowledge it is true, complete and accurate. I recommend that the applicant be considered for certification by the Florida Industrial Pretreatment Association Board.**

Supervisors Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANTS VERIFICATION: By signing, I certify that the information contained in this application is true, complete and accurate.**

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

**FEES:** FIPA Members: \$155.00  
Non-members: \$175.00

If an applicant has completed the coursework at an earlier date and wishes to only take the test, the following fees apply (must provide verification of course completion):

FIPA Members: \$41.50  
Non-members: \$61.50