APPLICATION FOR PLASTIC BONDING QUALIFICATION

To qualify you must successfully complete a minimum 6-hour training course followed by a written examination and a hands-on practical examination covering bonding of plastic pipe, flanged joints and threaded joints.

Date: __________________________ D/O/B: __________________________

Full Name: ______________________________________________________

(Print name as it appears on your driver’s license – MUST HAVE MIDDLE INITIAL)

Individual Identified By: Driver’s License ___ Federal Issued ID ___ State Issued ID ___

P.I.P.E. ID. No._________________________ (1st Initial of first & last name & last 4 Digits of Social Security #)

UA Book Number: ____________________ UA Local #: ____________ State:

Home Address: ____________________________________________________

City/State/Zip: _____________________________

Telephone #: (_____) ______________________ Email: ______________________

PRESENT EMPLOYMENT

Employer: _______________________________________________________

Address: ____________________________ City/State/Zip: _______________

Job Title: ____________________________ Length of Employment __________

EXPERIENCE

List below where you have worked and what you have done during the last 10 years preceding present employment

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<th>Date From</th>
<th>Date To</th>
<th>Total Years</th>
<th>Employed By: (Name and Address)</th>
<th>Position</th>
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The Performance Qualification shall remain in effect indefinitely unless the Bonder does not perform the Bonding Process for a period of six (6) months, or there is some specific reason to question the ability of the Bonder’s performance.

It is the Bonder’s responsibility to maintain their continuity in order to stay qualified for this process.

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be just cause for disqualification. By affixing my signature to this application, I agree to abide by the following rules and regulation of certification holders as set forth by P.I.P.E. As a holder of a P.I.P.E. certification, I agree to not make any false claims about the scope of my certification(s); I agree to not utilize a P.I.P.E. certification in any manner that portrays P.I.P.E. unfavorably; and furthermore, I agree to not engage in false or misleading advertising of my P.I.P.E. certification. I understand that P.I.P.E. reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the “holder” of a P.I.P.E. certification and shall return any certificates, including wallet-sized photo identification cards, to P.I.P.E. I agree to not utilize any written documents, reports, procedures, etc., with the P.I.P.E. certification mark in any manner whatsoever that may be inaccurate or false. I understand my information will be posted on our website authorizing access to training verification records.

I certify that the above information given by me is true ______________________________

(Signature of Applicant)