



Piping Industry Progress and Education Trust Fund

125 South 52nd Street Tempe, AZ 85281 Bus: (480) 966-0377. FAX: (602) 325-3521



APPLICATION FOR PLASTIC BONDING QUALIFICATION

To qualify you must successful 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

Date From	Date To	Total Years	Employed By: (Name and Address)	Position

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)