

# Certified Surface Coating (CSC I) Initial Application

FOR PROCESSING VERIFICATION PURSUANT TO DEMONSTRATE COMPLIANCE

## CERTIFIED SURFACE COATING I (CSC I) APPLICATION FORM INITIAL (NEW) - UNRESTRICTED - OR - REINSTATEMENT (INACTIVE MORE THAN FIVE YEARS)

Information on your application must be typed or neatly printed in ink. Resumes are not acceptable. Please include a \$50 nonrefundable application review fee (check, money order, or credit card authorization) payable to GRC-Pirk. If you pay by check, please include your full name on the memo line of your check or money order.

PLEASE CHECK ONE:

Initial (new)

Reinstatement

Registration Number: CSC # \_\_\_\_\_  
(if reinstatement)

### APPLICATION INSTRUCTIONS

Before completing this application, please read CSC Code of Conduct at [www.haps6h.com](http://www.haps6h.com), or you may contact our office at (775) 824-9008 or [CSC\\_Mailbox@ReComply.com](mailto:CSC_Mailbox@ReComply.com) to obtain copies. Provide complete responses for each item on the application. Failing to do so may significantly delay the processing of your application.

### APPLICATION PACKAGE CONTENTS

CSC I Application Form, which includes:

1. Application
2. Evidence of hands-on training
3. Evidence of classroom training

Note: If you are downloading this form, you will need to return evidence of hands-on and classroom training along with a description of the methods used at the completion of initial or refresher training to demonstrate, document, and provide certification of successful completion of the required the **\*Regulations for HAPs 6H6X**.

4. Authorization for Application Review and Payment by Credit Card

### CSC REGISTRATION REQUIREMENTS

The minimum requirements to be registered as a CSC are:

- (certificate) - Substantiation that can show by documentation or certification that a painter's work experience and/or training has resulted in training equivalent to the training required in the **\*Regulations for HAPs 6H6X**.
- (curriculum) - Description of the methods used for substantiation that show by documentation or certification that a painter's work experience and/or training has resulted in hands-on and classroom training equivalent to the training required in the **\*Regulations for HAPs 6H6X**.

**\*The minimum training criteria for CSC Registration are stipulated in the U.S. EPA Code of Federal Regulations National Emission Standards for Hazardous Air Pollutants (NESHAP) Title 40 Section 63.11173(f) through (g) for Paint Stripping and Miscellaneous Surface Coating at Area Sources, aka, HAPs 6H; and Section 63.11519(d)(5) through (9) for Area Source Standards for Nine Metal Fabrication and Finishing Source Categories, aka, HAPs 6X.**

## INDIVIDUAL MAILING ADDRESS:

CSC will use the address provided below for all correspondence, and will list this address on the Registry website.

Street:		
City:	State:	Zip Code:
Your employee ID number, or the last 4-digits of your social security number:	Date of birth:	
Telephone ( ) ext.	Fax:( )	Email Address (confidential PIN – will not be published):
Email address is for CSC Registry use only. It will not be listed in the CSC registry, nor will it be released to other parties.		
United States Citizen: (If no, provide a copy of resident alien card) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously applied for registration as a CSC? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## COMPANY (employer) INFORMATION:

If applicable, the CSC will use the information provided below for compliance validation on the Registry website.

Company (owner/operator) Name:		Company Responsible Party:
Street:		
City:	State:	Zip Code:
Employer Tax ID number:	Date of Employer (owner/operator) certification:	
Telephone ( ) ext.	Fax:( )	
Has the Company (employer/owner/operator) filed an EPA HAPs 6H or 6X compliance notifications? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## TRAINING INFORMATION:

The CSC registrar will use the HAPs 6H6X training information provided below and training history checked on page 3 hereof to verify your training and validate your certification on the CSC Registry website.

In the following fields and on the following page 3, describe the training supporting your claim(s) of certification. Include dates for the certification described. NOTE: The training you claim must have been acquired within the last four years.

Copy of training certificate and/or supporting documentation attached.  Yes  No

Name of Trainer:	Date of Training: (day/month/year)	Specific Certification Standard: <hr/> <small>(e.g., HAPs 6H or HAPs 6X)</small>
Description of Classroom Training:	Description of Hands-On Training:	

**TRAINING INFORMATION: Check the area to appear on the CSC Registry website.**

Only check each area of training that applies to you in which you were certified. Be certain that the training involves hazardous substances and/or hazardous wastes. Include dates of the training.

CHECK	CERTIFICATION DATE:	TRAINING TYPE:	TRAINING STANDARD:
* <input checked="" type="checkbox"/>	*evidence required	• 6H - 6X Surface Coating	40 CFR Section 63.11173(f)-(g) Or, 40 CFR Section 63.11519(d)(5)-(9)
<input type="checkbox"/>		• EPCRA (Right-To-Know Act) Toxics	40 CFR Parts 350 through 372
<input type="checkbox"/>		• RCRA Hazardous Waste	40 CFR Part 260
<input type="checkbox"/>		• P2 Pollution Prevention	40 CFR Parts 112 & 260 through 262
<input type="checkbox"/>		• Respiratory Protection & Fit Testing	29 CFR Part 1910.134
<input type="checkbox"/>		• HazCom (Hazard Communication)	29 CFR Part 1910.1200
<input type="checkbox"/>		• PEL Permissible Exposure Limits	29 CFR Part 1910.1000
<input type="checkbox"/>		• Hazardous Waste Operations	29 CFR Part 1910.120
<input type="checkbox"/>		• Flammable & Combustible Liquids	NFPA 30
<input type="checkbox"/>		• Fire and Life Safety	NFPA 101
<input type="checkbox"/>		• Paint Spray Booth Operations	NFPA 33
<input type="checkbox"/>		• Emergency Preparedness	NFPA 1600
<input type="checkbox"/>		• BASF	R-M Certification Program
<input type="checkbox"/>		• DuPont/Standox/SpiesHecker/Nason	DuPont Performance Coatings
<input type="checkbox"/>		• Matrix Systems	Automotive Finishes Program
<input type="checkbox"/>		• PPG/Matthews Paint	PPG/Matthews Paint Management
<input type="checkbox"/>		• Sherwin Williams/Martin Senour	SWAF Certification Program
<input type="checkbox"/>		• Spraylat	Spraylat Industrial Paints Training
<input type="checkbox"/>		• TranStar Autobody Technologies	TranStar Refinishing Program
<input type="checkbox"/>		• Valspar/House of Kolor	Valspar OEM Training Program
<input type="checkbox"/>		• 3M	3M Surface Coating Training
<input type="checkbox"/>		• ANEST IWATA	Iwata Spray Gun Training
<input type="checkbox"/>		• DeVILBISS	DeVilbiss Spray Gun Training
<input type="checkbox"/>		• SATA	SATA Spray Gun Training
<input type="checkbox"/>		• S.T.A.R. Training School	Spray Technique Analysis & Research Program
<input type="checkbox"/>		• Air Flow Technology	Spray Booth Filter Training
<input type="checkbox"/>		• I-CAR	Professional Development Program
<input type="checkbox"/>		• CCAR	SP/2 Training Program
<input type="checkbox"/>		• ASE	NATEF Vocational Training Program
<input type="checkbox"/>		• ISA	International Sign Academy Training Program
<input type="checkbox"/>		• AMI	Automotive Management Institute

*Please list other training history details you wish to appear on the CSC Registry Website*

	CERTIFICATION DATE:	TRAINING TYPE:	TRAINING STANDARD:
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

**\* MINIMUM TRAINING REQUIREMENT FOR CSC REGISTRATION: SEE CSC REGISTRATION REQUIREMENTS PAGE 1**

**Owner/Operator/Employee Sworn Statement:** All training indicated in this Application is training for which I can produce a copy of evidence. I understand that I may be asked to produce copies of evidence to verify any training claimed, and that failure to do so may result in my CSC registration being disallowed and my certification revoked.

I am:  An Owner     An Operator     An Employee     Contract Personnel

Name of Individual CSC Applicant (*Print or Type*):

Signature of Individual CSC Applicant:

Title:

Date:

# Authorization for Application Review

**The Consequences Of Not Providing All Or Any Part Of The Requested Information:**

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**The Principal Purpose(s) For Which The Information Is To Be Used:**

The information requested will be used to determine qualifications for registration, licensure, or certification to determine compliance with regulatory provisions of training standards and to establish positive identification.

**Any Known Or Foreseeable Disclosures That May Be Made Of The Information:**

Your completed application becomes the property of the Registry and will be used by authorized personnel to determine your eligibility for registration. Information on your application will not be transferred to other governmental or enforcement agencies without written authorization.

**Registrant's Rights:**

Individuals have the right to review their own files or records maintained by the Registrar. You may gain access to the information by contacting CSC at the below P.O. Box, or (775) 824-9008, or [CSC\\_Mailbox@ReComply.com](mailto:CSC_Mailbox@ReComply.com)

## Government Regulatory Compliance LLC Certified Surface Coating (CSC) Registry AUTHORIZATION FOR PAYMENT

### Payment for CSC I Application Processing Fee\*

<b>NAME:</b> (first) (M.I.) (last)	<b>IF PAID BY CHECK:</b> <input type="checkbox"/> Attached Ck # <input type="checkbox"/> Money Order #
<b>MAILING ADDRESS:</b> (number, street, & apt/suite #)	<b>IF PAID BY CREDIT CARD:</b> <input type="checkbox"/> Credit Card #
(city) (state) (zip code)	<b>CREDIT CARD TYPE:</b> <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express
<b>PHONE:</b> (area code) (telephone #) (ext.)	<b>PRINTED CARDHOLDER NAME:</b> (first) (M.I.) (last)
	<b>**CARDHOLDER SIGNATURE</b>

**\*NO REFUNDS WILL BE ISSUED FOR THE \$50 APPLICATION REVIEW FEE**

**\*\*No credit card payments may be authorized unless the cardholder's signature is present and dated.**

Please mail the completed payment authorization form with your completed application to:

**Government Regulatory Compliance LLC, CSC Registry**

**P.O. Box 21270**

**Reno, Nevada 89515 – TEL: 775.690.9098 FAX: 866.729.3892**

**email: [CSC\\_Mailbox@ReComply.com](mailto:CSC_Mailbox@ReComply.com)**