

JOB DESCRIPTION / DUTIES AND RESPONSIBILITIES ADDITIONAL INFORMATION

Name: _____

Contractor: _____

Title/Position: _____

Dates of Employment	Approximate Hours
Month Year	
From: _____ / _____	Hours: _____
To: _____ / _____	

TYPES OF WORK PERFORMED

<input type="checkbox"/> Surface Preparation	<input type="checkbox"/> Bidding/Estimating
<input type="checkbox"/> Application	<input type="checkbox"/> Consulting
<input type="checkbox"/> Inspection	<input type="checkbox"/> Condition Assessment
<input type="checkbox"/> Specifying	<input type="checkbox"/> (Coating/Substrate)
<input type="checkbox"/> Failure Analysis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Management	
<input type="checkbox"/> Field Supervision	

SURFACE PREPARATION METHODS USED

<input type="checkbox"/> Abrasive Blasting
<input type="checkbox"/> Steel Shot / Grit
<input type="checkbox"/> Garnet or Similar
<input type="checkbox"/> Slag By Products
<input type="checkbox"/> Aluminum Oxide
<input type="checkbox"/> Sponge/Other _____
<input type="checkbox"/> Wet Abrasive Blasting
<input type="checkbox"/> Centrifugal Blasting
<input type="checkbox"/> Hand Tool Cleaning
<input type="checkbox"/> Power Tool Cleaning
<input type="checkbox"/> Pressure Cleaning/Washing
<input type="checkbox"/> High Pressure and UHP Water Jetting
<input type="checkbox"/> Flame Cleaning
<input type="checkbox"/> Other _____

SUBSTRATES WORKED ON

<input type="checkbox"/> Steel (or Other Ferrous Metal)
<input type="checkbox"/> Non-Ferrous Metal
<input type="checkbox"/> Concrete
<input type="checkbox"/> Other _____

ADDITIONAL COMMENTS

COATINGS MATERIALS APPLIED

<input type="checkbox"/> Acrylics	<input type="checkbox"/> Rubber/Other Linings
<input type="checkbox"/> Alkyds	<input type="checkbox"/> Siloxanes
<input type="checkbox"/> Coal Tar (Bituminous)	
<input type="checkbox"/> MultiComponent Epoxy	<input type="checkbox"/> Thermal Spray
<input type="checkbox"/> FRP	<input type="checkbox"/> Waterborne
<input type="checkbox"/> Urethanes	<input type="checkbox"/> Moisture Cured
<input type="checkbox"/> Organic Zinc	<input type="checkbox"/> (Urethanes/Zinc/Epoxy)
<input type="checkbox"/> Inorganic Zinc	<input type="checkbox"/> Polyureas
<input type="checkbox"/> Tapes	<input type="checkbox"/> Other/Comments: _____
<input type="checkbox"/> Impregnated Glasses	
<input type="checkbox"/> Vinyls	

SERVICE ENVIRONMENTS/LOCATIONS

<input type="checkbox"/> Bridge
<input type="checkbox"/> Marine (Vessel, Platform, Splash Zone)
<input type="checkbox"/> Military Installations
<input type="checkbox"/> Pipeline
<input type="checkbox"/> Power Generating Plants
<input type="checkbox"/> Pulp/Paper Mill
<input type="checkbox"/> Shop
<input type="checkbox"/> Shipyards
<input type="checkbox"/> Tanks (Interior / Exterior)
<input type="checkbox"/> Water/Wastewater Facilities
<input type="checkbox"/> Food & Beverage
<input type="checkbox"/> Other Complex Industrial Structures _____

APPLICATION EQUIPMENT USED

<input type="checkbox"/> Conventional Spray
<input type="checkbox"/> Airless Spray
<input type="checkbox"/> Air Assisted Airless Spray
<input type="checkbox"/> HVLP Spray
<input type="checkbox"/> Electrostatic
<input type="checkbox"/> Plural Component
<input type="checkbox"/> Power Roller
<input type="checkbox"/> Hand Application (Brush/Roller/Mit etc.)
<input type="checkbox"/> Metalizing
<input type="checkbox"/> Trowel
<input type="checkbox"/> Other _____

The above information, in addition to the information I provided on the official application is accurate and complete to the best of my knowledge.

Signature _____

Date _____