



SOCIETY OF PIPING ENGINEERS & DESIGNERS

President: Jack Belden, SNC-LAVALIN GDS, Inc.
Executive Director/Treasurer: William Beazley (Information Assets)

Professional Piping Designer Level I Certification Application

Directions: The Professional Piping Designer Level I Certification Application is designed to ascertain the applicant's knowledge and training in the Piping Industry. **All portions of the application must be completed in their entirety to be reviewed as a candidate for certification.** Certification will only be granted upon completion of the application and receipt of a passing grade of the PPD Level I Exam and sufficient training and/or work history showing the ability to layout pipe and create drawings in a CAD system.

Attach a current resume and application fee payment to this application.

Applicant Information: _____ **Date of Application** _____
Month /Day/Year

Name _____
Last First Middle Initial

Address _____
Street City State/Province Zip Country

Employer: _____

Address: _____
Street City State/Province Zip Country

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Educational History: to include Universities, Colleges, Vocational Training Institutions

High School Diploma: Yes/No

College/University _____

City/State/Country _____ Degree _____

Degreed Awarded : Yes/No Dates Attended _____

Piping Layout & CAD Course(s) _____

SPED OFF
USE ONLY

AP INFO

Y N

ED HIST

H.S.

Y N

ED HIST
YEARS

Mths__

Yrs__



Work History: The Work History Section is not in place of the required resume.
Both items are needed to complete the application.

Employer _____

Address _____
Street City State/Province Zip Country

Supervisor Name _____ **Phone** _____

Supervisor Email Address _____

Industry _____ **Employment Dates** _____

Piping Skills Used _____

Piping Software _____

Employer _____

Address _____
Street City State/Province Zip Country

Supervisor Name _____ **Phone** _____

Supervisor Email Address _____

Industry _____ **Employment Dates** _____

Piping Skills Used _____

Piping Software _____

References: If academic transcripts showing required training are not available, please provide three references to attest to Piping Layout and CAD skills. These references will be contacted by a SPED Officer for verification purposes. Industrial Sponsors to SPED training can serve as a sole reference.

Reference One:

Name _____

SPED OFF
USE ONLY

WORK
HISTORY
YEARS

EMPL ONE

Mths__

Yrs__

EMPL TWO

Mths__

Yrs__

REF ONE

Y N



Title _____ Relationship to Applicant _____

Company _____ Phone _____

Address _____
Street City State/Province Zip Country

E-Mail Address _____

Piping Layout & CAD Work Supervised _____

Reference Two:

Name _____

Title _____ Relationship to Applicant _____

Company _____ Phone _____

Address _____
Street City State/Province Zip Country

E-Mail Address _____

Piping Layout & CAD Work Supervised _____

Reference Three:

Name _____

Title _____ Relationship to Applicant _____

Company _____ Phone _____

Address _____
Street City State/Province Zip Country

E-Mail Address _____

Piping Layout & CAD Work Supervised _____

Additional Information/Comments: _____

Signature: _____ Date: _____

SPED OFF
USE ONLY

REF TWO

Y	N
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REF THREE

Y	N
---	---

SIGN/DATE

Y	N
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