



Certified Safety and Health Official (CSHO) Application

Construction Industry

First Name: _____ Last Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

***A minimum of six (6) of the certificates for the CSHO must have been completed at a Kansas City Region (KS-NE-MO-IA) OSHA Training Institute Education Center (OTIEC).**

Required Classes:

- | | |
|---|----------------------------|
| OSHA #510 Standards for Construction Industry | Copy of Certificate: _____ |
| OSHA #521 Introduction to Industrial Hygiene | Copy of Certificate: _____ |
| OSHA #2015 Hazardous Materials | Copy of Certificate: _____ |
| OSHA #3015 Excavation, Trenching & Soil Mechanics | Copy of Certificate: _____ |
| OSHA #3095 Electrical Standards | Copy of Certificate: _____ |
| OSHA #3115 Fall Protection | Copy of Certificate: _____ |

Elective courses completed (must have two 2):

- | | |
|--|----------------------------|
| OSHA #500 Trainer Course for Construction Industry | Copy of Certificate: _____ |
| OSHA #511 Standards for General Industry | Copy of Certificate: _____ |
| OSHA #2045 Machinery & Machine Guarding | Copy of Certificate: _____ |
| OSHA #2055 Cranes in Construction | Copy of Certificate: _____ |
| OSHA #2225 Respiratory Protection | Copy of Certificate: _____ |
| OSHA #2255 Principles of Ergonomics | Copy of Certificate: _____ |
| OSHA #2264 Permit-Required Confined Space Entry | Copy of Certificate: _____ |
| OSHA #3085 Principles of Scaffolding | Copy of Certificate: _____ |

(over)



Please check box of choice for award and/or certificate:

Award & Certificate (\$105) Certificate only (\$25)
(shipping extra)

NOTE:

- Once application has been received and approved you will be contacted for payment.
- Your certification certificate and/or plaque will list your name exactly as listed on this application and will ship to the address listed.

Signature of Applicant _____ Date _____

I certify that the information entered on this form is true and complete to the best of my knowledge, and further acknowledge that if the above information is willfully false, I am subject to punishment and/or disciplinary sanction including certificate denial, suspension/ revocation or the imposition of civil penalties as may be provided by law.

Received By _____ Date _____

Approved By _____ Date _____