



Certified Safety and Health Official (CSHO) Application

General 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 #511 Standards for General Industry Copy of Certificate: _____
- OSHA #2045 Machinery and Machine Safeguarding 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 #3095 Electrical Standards Copy of Certificate: _____

Elective courses completed (must have two 2):

- OSHA #501 Trainer Course for General Industry Copy of Certificate: _____
- 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 #3115 Fall Protection 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