



Specialist in Safety and Health Application

Construction Industry

First Name: _____ Last Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

***A minimum of three (3) of the certificates for the SSH 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: _____

Elective courses completed (must have 3):

OSHA #500 Trainer Course in OSH for Construction Copy of Certificate: _____

OSHA #511 Standards for General Industry Copy of Certificate: _____

OSHA #521 Guide to Industrial Hygiene Copy of Certificate: _____

OSHA #2015 Hazardous Materials Copy of Certificate: _____

OSHA #2055 Cranes in Construction Copy of Certificate: _____

OSHA #2225 Respiratory Protection Copy of Certificate: _____

OSHA #2264 Permit-Required Confined Space Copy of Certificate: _____

OSHA #3015 Excavation, Trenching and Soil Mechanics Copy of Certificate: _____

OSHA #3085 Principles of Scaffolding Copy of Certificate: _____

OSHA #3095 Electrical Standards 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 _____