



# 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 Region VII OSHA Training Institute Education Center (OTIEC).**

### Required Classes:

OSHA #511 Standards for General Industry	Copy of Certificate:	YES___
OSHA #2045 Machinery and Machine Safeguarding	Copy of Certificate:	YES___
OSHA #2225 Respiratory Protection	Copy of Certificate:	YES___
OSHA #2255 Principles of Ergonomics	Copy of Certificate:	YES___
OSHA #2264 Permit-Required Confined Space Entry	Copy of Certificate:	YES___
OSHA #3095 Electrical Standards	Copy of Certificate:	YES___

### Elective courses completed (must have two 2):

OSHA #501 Trainer Course for General Industry	Copy of Certificate:	YES___
OSHA #510 Standards for Construction Industry	Copy of Certificate:	YES___
OSHA #521 Introduction to Industrial Hygiene	Copy of Certificate:	YES___
OSHA #2015 Hazardous Materials	Copy of Certificate:	YES___
OSHA #3015 Excavation, Trenching & Soil Mechanics	Copy of Certificate:	YES___
OSHA #3115 Fall Protection	Copy of Certificate:	YES___

(over)



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.

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

Award & Certificate (\$95)\_\_\_\_\_ (shipping extra)

Certificate only (\$25)\_\_\_\_\_ (shipping extra)

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Received By Date

\_\_\_\_\_  
Approved By Date