



**Specialist in Safety & Health Application
Construction Industry**

First Name: _____ Last Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

***A minimum of three (3) of the certificates for the SSH must have been completed at a Region VII OSHA Training Institute Education Center (OTIEC).**

Required Class:

OSHA #510 Standards for Construction Industry Copy of Certificate: YES___

Elective Courses Completed (must have 3):

OSHA #2015 Hazardous Materials Copy of Certificate: YES___

OSHA #2225 Respiratory Protection Copy of Certificate: YES___

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

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

OSHA #3095 Electrical Standards Copy of Certificate: YES___

OSHA #3115 Fall Protection Copy of Certificate: YES___

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

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

OSHA #521 Guide to Industrial Hygiene 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