OSHA Training Institute (OTI) Education Center Program Safety & Health Fundamentals for Maritime **Application for Certificate Program**

Read instructions before completing this form.

Sut	omit completed f	orms to:		SHA Traini	sity of Californi ng Institute Edu atraining@ucso	Icatio					
prio app all	or to submitting plication. Pleas	this ap e submi umentat	ne applicant to e plication. An ap t copies of this ion that verifies	plicatior complet	n processing ted and sigr	g fee ned /	e of \$95 is Applicatio	due at n for Ce	the tim rtificat	e of the e Program and	
Re	quirements to c	omplete	e the certificate	progran	n:						
*	 elective course Health Fundan Participan hours of tr Participan 	s that in <i>nentals fo</i> ts must c aining. ts must c	complete the 3 rec	of 77 co quired c um of 4	ontact hours ourses listed	of tra belc	aining to ea	arn the co #6 for a r	ertificat ninimu	e in Safety &	
1.	Applicant Name	e:			2.	Tit	tle:				
3.	3. Company:				4.	E-	E-mail:				
5. Applicant Address											
	Company:										
	Address:										
C	City:			State					Zip:		
	Phone:	()		F	ax:	()				
6.	I have completed the	ne following	g courses. Please atta	ach a copy	of your course	comp	letion certifica	ate for each	n applica	ble course.	
	Required Courses				Ele	ective	Courses				
	OSHA #5410		OSHA #2015		OSHA #3085		OSHA	#7105		OSHA #7215	
			OSHA #3095		OSHA #7115 OSHA #7120			OSHA #7845			
			OSHA #3115					OSHA #7100 or #2045			
	OSHA #521	OSHA #521 OSHA #2255 OSHA #		OSHA #7005		OSHA	#7205		OSHA #7300 or #2264		

7. Statement of Certification

The information I have included herein and submitted to the OTI Education Center (or its designee) is true and accurate.

Applicant Signature _____ Date: _____ Date: _____

OSHA Training Institute (OTI) Education Center Program

Safety & Health Fundamentals for Maritime Application for Certificate Program

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THIS PAGE IS USED FOR INTERNAL PURPOSES ONLY

OFFICE					USE ONL	Y			
Date:			Approving Authority Signature:						
			Check One:	Appr	oved	Not Ap	proved		
1.	Approv	ing Authority	y Name:		2.	Title:			
3.	3. OTI Education Center:			4.	E-mail:				
5.			Ар	proving	Autho	rity Address	i		
	Address:								
	City:			State:				Zip:	
	Phone:	()			Fax:	()			
			If not appro	oved, ple	ase ind	dicate reaso	n:		
Applicant did not complete the required courses.					Applicant did not sign form.				
Applicant did not submit documentation of completion for all courses.					Applicant did not complete four of the elective courses.				
Application processing fee was not paid.				Applicant did not complete the minimum 68 contact hours.					
Applicant did not complete a minimum of 29 contact hours of elective courses.				Other: (please explain)					

Process for review and approval:

- The OTI Education Center will review this form for accuracy and ensure that appropriate supporting documentation is attached.
- If this form is not approved, the OTI Education Center will notify the applicant in writing with the reason.
- If the form is approved, the OTI Education Center will send the completed form and all supporting documentation to the Office of Training and Education (OTE) by e-mail to:

OTIECcertificates@dol.gov

- Upon receipt, OTE will process the program certificate, to include the applicant's name and issue date, and will
 mail the program certificate to the OTI Education Center. OTE will contact the OTI Education Center with any
 questions or concerns.
- The authorized OTI Education Center is responsible for issuing the program certificate to the student.

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Instructions for Applicants

It is the responsibility of the applicant to ensure all required and elective courses have been completed prior to submitting this application for the Safety & Health Fundamentals for Maritime certificate program. Submit copies of this completed and signed application and all required documentation of successful course completion for all courses to (Name & Contact information for approving OTI Education Center) along with a check, credit card, or money order for \$95 [enter respective OTI Education Center payment processing information]. Required documentation is either a course completion certificate or official transcript from the OTI Education Center where the course was completed.

Item 1:	Applicant Name	Item 2:	Title			
	List full legal name.	•	List current job title. If currently not working			
	,		leave this field blank.			
Item 3:	<u>Company</u>	Item 4:	<u>E-mail</u>			
•	List current employer. If currently not working,	•	List a current e-mail where you may b			
	leave this field blank.		contacted.			
Item 5:	Applicant Address:	Item 6:				
•	Provide a current address, phone, and fax	•	Check the boxes which correspond to th			
	number where you may be contacted. applicable OSHA courses com					
	OSHA Course	Prerequ	lisites			
	ve completed the 3 required courses:					
	#5410 Occupational Safety and Health Standards					
	#7500 Introduction to Safety and Health Manager		5½ hours			
OSHA	#7505 Introduction to Incident (Accident) Investig	ation	7½ hours			
Must ha	ve completed a minimum of 4 of the following	elective o	ourses that include a minimum of 29 contac			
hours of	f training:					
OSHA	#521 OSHA Guide to Industrial Hygiene		26 hours			
OSHA	OSHA #2015 Hazardous Materials					
OSHA	OSHA #2055 Cranes in Construction					
	OSHA #2225 Respiratory Protection					
	OSHA #2255 Principles of Ergonomics					
	OSHA #3085 Principles of Scaffolding					
	OSHA #3095 Electrical Standards					
	OSHA #3115 Fall Protection					
OSHA #7005 Public Warehousing and Storage						
OSHA #7105 Introduction to Evacuation and Emergency Planning						
	OSHA #7115 Lockout/Tagout					
	OSHA #7120 Introduction to Combustible Dust Hazards					
	#7205 Health Hazard Awareness		6 hours			
	#7215 Silica in Construction, Maritime, and Gene	ral Industi	ries 7 hours 4 hours			
OSHA	OSHA #7845 Recordkeeping Rule Seminar					
	OSHA #2045 Machinery and Machine OR	Guarding	a Standards 26 hours			
	OSHA #7100 Introduction to Machinery and Machine Guarding Standards					
OSHA i#2264 Permit-Required Confined Space Entry (on OR						
OR OSHA #7300 Understanding OSHA's Permit-Required Confined Space Standard						