## SPECIALIST IN SAFETY & HEALTH (SSH) OIL & GAS CERTIFICATE REQUEST FORM



FOR OFFICE USE ONLY			
STUDENT ID:			
☐ PLAQUE	□ PAPER		
☐ SHIP	□ PRESENT		

#### **Application Information:**

Recipients will be provided with both a hard and an electronic certificate of their certification after completion.

**Status of Processing:** Certificate request forms will be processed within ten business dates of receipt. If you do not receive a receipt of confirmation within this time frame, contact our office. All certification credentials will be shipped via FedEx with signature release unless otherwise requested.

If you have not completed your certification requirements: Participants applying for their certification prior to completing requirements will be presented with their certification in their final class. Certificate request form must be submitted no later than close of business two Friday's prior to your last class and no earlier than four weeks prior. All coursework must be completed other than the final class before application submittal. If the participant reschedules their last class, they are responsible for notifying our office and paying a \$35 rescheduling fee.

If you have completed all of your certification requirements: Credentials will be sent to the address provided on page 2.

Participant Infor	mation:	Note: Enter name as it will appear on certification credentials.					
First Name		MI	Last Name	Suffix	Date of Request		
Mailing Address			City	State	Zip		
Phone Number		Email Address					
☐ I would like to	o be include	d in the	UT Arlington Safety & Hea	ılth Program's electro	onic newsletter.		
	ourse comple OSHA Trainir	ng Institu	tificate or transcript is req ute Education Center. A mi				
	Hazard Reco	_	and Standards for On-Sho S (Hydrogen Sulfide)	re Oil and Gas Explor	ation and Production		
Elective Courses  □ Any OSHA Cou □ Any OSHA Cou	ırse¹:						

<sup>1</sup>Excluding Outreach Trainer courses and OSHA short courses/seminars

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ltem	Unit Price	Quantity	Price
Application Fee	\$75	1	\$75
Includes paper/PDF certificate			
Certification Plaque	\$75		
		Subtotal:	
		Total:	

### Submit in person or by mail to:

The University of Texas at Arlington Division for Enterprise Development 140 W. Mitchell, Arlington, TX 76019 M: 817-272-2581 | F: 817-272-2556 cedregistration@uta.edu

### **Shipping Information:**

Last Name	First Name	MI		Date of Request	
Mailing Address Note: Cannot be P.O. Box		City	State	Zip	
Phone Number	Email Address				
Payment Information: Charge to:   Visa	□ Master Card	□ Discover	☐ American Exp	ress	
Card Number  Name on Card				Expiration Date	
Authorized Signature					
		e Use Only			
Date Received: Payment Taken By: Course Number: Notes:		Auth./Chec	k #: es:		
	Prog	ram Use Only			
Date Recieved:		_	Payment Verific	ed:	