SPECIALIST IN SAFETY & HEALTH (SSH) PORT SAFETY 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.

| Recipient Information: | Note: E | 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 be inclu | uded in the | UT Arlington Safety & Hea | alth Program's electro | onic newsletter. | |
| Certification Requirement A copy of each course con the UT Arlington OSHA Tra completed through UT Arl | npletion cer aining Instit | · | • | | |
| Required Courses (2): OSHA #5410 OSHA Storm OSHA #2055 Cranes in | • | • | | | |
| Elective Courses (2): Any OSHA Course ¹ : | | | | | |

¹Excluding Outreach Trainer courses and OSHA short courses/seminars

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| Item | 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 I | Informat | tion: |
|------------|----------|-------|
|------------|----------|-------|

| 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 Authorized Signature | | | | Expiration Date | |
| Authorized Signature | 0.00 | | | | |
| Date Received: Payment Taken By: Course Number: Notes: | Received I | Auth./Che Course Da | ck #: tes: | | |
| | | ram Use Only | | | |
| Date Recieved: | Date Appro | oved: | Payment Verific | ed: | |