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



FOR OF	FICE USE ONLY	STUDENT ID:	☐ PLAQUE	☐ PRESENT	OIL & GAS							
Recipie	cipient Information Note: Enter name as it will appear on certification credentials											
Full Nar	me				Date of Request							
Phone I	Number		Email Address									
□ I wo	uld like to be inclu	uded in the UT Arlington Safety & I	Health Program's	electronic newslet	ter.							
Certification Requirements: A copy of each course completion certificate or transcript is required for coursework not completed through the UT Arlington OSHA Training Institute Education Center. A minimum of two classes listed below must have been completed through UT Arlington.												
Require	ed Course (2):											
	OSHA #5810 OG 202	Hazard Recognition and Standard Hydrogen Sulfide (H_2S)	ds for On-Shore Oi	l and Gas Explorat	ion and Production							
Elective	Courses (2):											
	Any OSHA course	e¹:										
	Any OSHA course	e¹:										

¹Excluding Outreach Trainer Courses and OSHA short courses

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Certificate request forms are processed within ten business dates of receipt. If you do not receive a receipt of confirmation within this period, contact our office. The application fee includes physical and electronic copies of the certification. If an individual wishes to have their certification presented in their last class, the application must be submitted two to three weeks prior to their last class. All coursework must be completed other than the final class prior to application submission. If a recipient has purchased a plaque and reschedules their last class, they are responsible for notifying our office and paying a \$35 replating fee. If all requirements have been met, credentials will ship to the address provided below.

Item	Unit Price	Quantity	Price
Application fee (includes paper/PDF certificate)	\$75	1	\$75
Certification Plaque	\$75		
		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

SSH

& HEALTH

Shipping Information		<pre>cedregistration@uta.edu</pre>			
Mailing Address Cannot be P.O. Box	Ci	ity	State Zip		
Payment Information					
Charge to:	ard \square	Discover [American Express		
Card Number				Expiration Date	
Name on Card					
Authorized Signature					
	Office	Use Only			
Date Received: F Payment Taken By:			Verified By:		
Course Number: C	Course Dates:		Course Locati	ion:	
Notes:					