

SPECIALIST IN SAFETY & HEALTH (SSH) PORT SAFETY CERTIFICATE REQUEST FORM



FOR OFFICE USE ONLY

STUDENT ID: _____

PLAQUE

PRESENT

Recipient Information

Note: Enter name as it will appear on certification credentials

Full Name

Date of Request

Phone Number

Email Address

I would like to be included in the UT Arlington Safety & Health Program's electronic newsletter.

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.

Required Courses (3):

- OSHA #5410 *OSHA Standards for the Maritime Industry*
- OSHA #2055 *Cranes in Construction*

Elective Courses (2):

- Any OSHA course¹: _____
- Any OSHA course¹: _____

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
cedregistration@uta.edu

Shipping Information

Mailing Address *Cannot be P.O. Box* _____ City _____ State _____ Zip _____

Payment Information

Charge to: Visa Master Card Discover American Express

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Card Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Expiration Date

Name on Card _____

Authorized Signature _____

Office Use Only

Date Received: _____ Received By: _____ Verified By: _____
Payment Taken By: _____ Auth./Check #: _____
Course Number: _____ Course Dates: _____ Course Location: _____
Notes: _____

