



This form is for UTA Authorized Safety and Health Trainers to request designations be added to their authorization. Trainer cards are issued within 30 days of processing.

Applicant Information

1. Trainer Name:		2. Company:		3. Title:	
4.	Address:	City:	State:	Zip:	
	Email:	Phone:			

Authorized Trainer Program Designations

5. Proof of completion is required for training not taken through UTA. Training must have been taken within the past seven (7) years.

<u>Designation</u>	<u>Completed Designation Prerequisite</u>
<input type="checkbox"/> Bloodborne Pathogens	<input type="checkbox"/> OSHA #7200 Bloodborne Pathogen Exposure Control for Healthcare Facilities or <input type="checkbox"/> SH 7201 Bloodborne Pathogen Trainer Course
<input type="checkbox"/> Confined Space	<input type="checkbox"/> OSHA #2264 Permit-Required Confined Space Entry
<input type="checkbox"/> Cranes/Rigging	<input type="checkbox"/> OSHA #2055 Cranes in Construction or <input type="checkbox"/> SH 340 Cranes, Derricks, and Material Handling
<input type="checkbox"/> Electrical	<input type="checkbox"/> OSHA #3095 Electrical Standards
<input type="checkbox"/> Excavation	<input type="checkbox"/> OSHA #3015 Excavation, Trenching, and Soil Mechanics
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> OSHA #3115 Fall Protection
<input type="checkbox"/> Hazard Communication/GHS	<input type="checkbox"/> SH 912 Hazard Communication GHS (Global Harmonization System) or <input type="checkbox"/> OSHA #510 OSHA Standards for Construction or <input type="checkbox"/> OSHA #511 OSHA Standards for General Industry or <input type="checkbox"/> OSHA #2015 Hazardous Materials
<input type="checkbox"/> Healthcare	<input type="checkbox"/> SH 201 Trainer Course for Healthcare Employee Safety and Health
<input type="checkbox"/> Hydrogen Sulfide	<input type="checkbox"/> OG 202 Hydrogen Sulfide (H₂S)
<input type="checkbox"/> Material Handling	<input type="checkbox"/> OSHA #511 OSHA Standards for General Industry or <input type="checkbox"/> OSHA #7005 Public Warehousing and Storage
<input type="checkbox"/> Personal Protective Equipment	<input type="checkbox"/> OSHA #510 OSHA Standards for Construction or <input type="checkbox"/> OSHA #511 OSHA Standards for General Industry
<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> OSHA #2225 Respiratory Protection
<input type="checkbox"/> Scaffolding	<input type="checkbox"/> OSHA #3085 Principles for Scaffolding or <input type="checkbox"/> SH 300 Safety Standards for Scaffolding
<input type="checkbox"/> Silica	<input type="checkbox"/> CPT 106 Silica for the Competent Person or <input type="checkbox"/> SH 210 OSHA's New Silica Standard

Payment Information

Application Fee: \$20

Card Number	Expiration
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Charge to:

- Visa
- Master Card
- Discover
- American Express

Name on Card: _____

Authorized Signature: _____