## CERTIFIED SAFETY AND HEALTH OFFICIAL (CSHO) CONSTRUCTION INDUSTRY CERTIFICATE REQUEST FORM

#### **Recipient Information**

Full Name (Enter name as it will appear on certification credentials)

Phone Number

I would like to be acknowledged on the Safety and Health Program's social media platforms.

**Certification Requirements:** A copy of each course completion certificate or transcript is required for coursework not completed through the CEF CO OSHA Training Institute Education Center.

#### **Required Courses (5):**

| OSHA #510  | OSHA Standards for the Construction Industry     |
|------------|--|
| OSHA #511  | OSHA Standards for General Industry <sup>1</sup> |
| OSHA #3015 | Excavation, Trenching, and Mechanics             |
| OSHA #3095 | Electrical Standards                             |
| OSHA #3115 | Fall Protection                                  |

#### **Elective Courses (3):**

|   | OSHA #500  | Trainer Course for Construction          |
|---|------------|--|
|   | OSHA #2015 | Hazardous Materials                      |
|   | OSHA #2045 | Machinery and Machine Guarding Standards |
|   | OSHA #2055 | Cranes in Construction                   |
|   | OSHA #2225 | Respiratory Protection                   |
|   | OSHA #2264 | Permit-Required Confined Space Entry     |
|   | OSHA #2455 | Safety and Health Management Program     |
| [ | OSHA #3085 | Principles of Scaffolding                |
|   |            |  |





Date of Request

Email Address

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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) | \$125.00   | 1        | \$125.00 |
| Certification Plaque                             | \$163.75   | 1        | \$163.75 |
|  |            | Total:   | \$288.75 |

### **Shipping Information**

| Mailing Address Cannot be P.O. Box |                  |  |  |  |  |  |          | City |  |  |  |  | State     |         | Zip |
|------------------------------------|------------------|--|--|--|--|--|----------|------|--|--|--|--|-----------|---------|-----|
| Payment Inform                     | ation            |  |  |  |  |  |          |      |  |  |  |  |           |         |     |
| Charge to:                         | Visa Master Card |  |  |  |  |  | Discover |      |  |  |  |  |           |         |     |
| Card Num                           | lber             |  |  |  |  |  |          |      |  |  |  |  | Expiratio | on Date |     |
| Name on Card                       |                  |  |  |  |  |  |          |      |  |  |  |  |           |         |     |
| Authorized Signa                   | atura            |  |  |  |  |  |          |      |  |  |  |  |           |         |     |

Authorized Signature



Submit Application by mail, email or in person to: