



APPLICANT NAME

**QUALIFICATIONS**

YES NO

- a. Have you received at least 30 hours of training in safety and health? (List or have employer certify under "Safety and Health Training.")
- b. Do you have at least 2 years or 4,000 hours of work experience in your industry?
- c. Do you have at least 1 year or 2,000 hours of experience as a foreman, supervisor or crew chief?  
(Show your supervisory history under "Work Experience.")
- If your answer to c was "NO" and you are preparing to become a supervisor, do you have at least 4 years or 8,000 hours of work experience in your industry?

**WORK EXPERIENCE**

Start Date (MM/YY)	End Date (MM/YY)	No. of Hours	Employer Name, City, State	Supervisor, Foreman, Manager or Crew Chief
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
TOTAL HOURS ---->				

**SAFETY AND HEALTH TRAINING**

**List of Training Completed (certificates of completion or similar documents must be attached for each)**

Course End Date (MM/YY)	Course Length (Hours)	Course Title	Organization Conducting Course, City, State	Name of Instructor
TOTAL HOURS -->				

**VALIDATION OF SAFETY AND HEALTH TRAINING (to be completed by sponsor or company officer)**

I certify that I am a sponsor of the applicant (or officer of the company) named on this application form and that the applicant has completed at least 30 hours of training in safety and health subjects.

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_ Company Name \_\_\_\_\_

Address (Street, City, Province/State, Zip/Postal Code, Country) \_\_\_\_\_

Phone Number \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION AGREEMENT AND SIGNATURE**

- I certify that the information provided on this application (and any attached or supplemental materials) is accurate to the best of my knowledge.
- I understand that falsification of information will be grounds for rejection of my application, revocation of any certification issued, or denial of recertification.
- I further understand and agree that the decisions of CCHESST with regard to my eligibility for certification under the STS program are final. By signing and submitting this application form, I acknowledge and accept the conditions set forth in the STS Candidate Handbook concerning application, test administration, score reporting, and certification.
- I agree to abide by the STS Code of Conduct.
- With this application, I hereby authorize CCHESST to publish in all of its directories or registries my name, city, state, country, and any certification it issues to me. CCHESST will make every effort to keep your personal and examination information confidential. CCHESST will obtain your approval prior to releasing information from your CCHESST records, other than directories, verification of your certification to the public or a court subpoena for your records.
- If my application is part of a sponsor group, I hereby authorize CCHESST to make my application information, examination score, results information, and certification and recertification status available to the sponsor.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_