

Voucher Application Form

Safety Faculty Application Fee Waiver for the CSP® Designation

Date: _____

Name: _____

College/University: _____

Department: _____

Mail Address: _____

City/State/Zip: _____

Email: _____

Work Phone: _____

Course Number: _____

Course Name: _____

Academic Degree Program for Course: _____

Semester/Year Course Offered: _____

Mail: Board of Certified Safety Professionals
208 Burwash Avenue
Savoy, IL 61874-9510
Fax: 217-359-0055

For Office Use Only:

Application Date: _____

Date Voucher Issued: _____

Voucher Number: _____