

APPLICANT NAME

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

Training Completed (certificates of completion or similar documents must be attached for each course unless the Validation of Safety and Health Training box is completed)

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

1. Have you ever been convicted of a felony? YES NO
2. Have you been convicted of a misdemeanor within the last 5 years? YES NO
3. Do you have a record of any unethical behavior? YES NO
4. Have you ever had a professional registration, license or certification denied, suspended or revoked other than for lack of minimum qualifications, failure of examination, or failure to pay renewal fees? YES NO

(If you answered YES to any of the questions 1-4, you must complete the Criminal Conviction & Professional Registration, Certification, or License Information Form at www.bcs.org/pdf/ccform.pdf).

5. I understand that any falsification of information on this application including any attachments or supplemental materials, provided now or later, may be cause for rejection or withdrawal of certification or such other action as BCSP may deem appropriate. I certify that the statements above (including any attachments submitted, now or later) are accurate to the best of my knowledge. I hereby authorize BCSP to verify any information or supplements submitted.
6. I agree to hold BCSP harmless from any and all liability in the event this application is rejected on the basis of information furnished to BCSP by me or other persons which would, in the judgment of BCSP, make me ineligible for certification.
7. With this application, I hereby authorize BCSP to publish in all of its directories or registries my name, city, state, country, and any certification it issues to me. BCSP will make every effort to keep your personal and examination information confidential. BCSP will obtain your approval prior to releasing information from your BCSP records, other than directories, verification of your certification to the public or a court subpoena for your records.
8. I agree to adhere to the BCSP Safety Trained Supervisor Code of Ethics in its current and subsequent editions and, if I am certified, to meet the requirements for Recertification.

Date _____ Signature _____