

13. (A) Occupational experience: List last employment first. LIST ONLY OCCUPATIONAL EXPERIENCE APPROPRIATE TO THE AREA OF APPROVAL FOR WHICH YOU ARE APPLYING.

<u>From</u>	<u>To</u>	<u>Employer</u>	<u>City & State</u>	<u>Position</u>	<u>Duties</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

13. (B) Training Credentials. List any federal or state license or certificate appropriate to the area of approval for which you are applying.

<u>Type of License</u>	<u>Issuing Agency</u>	<u>Number</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. (A) Are you or have you been Insured: _____ If "YES" please complete the following (If Self-insured completes 14(b):

<u>Type of Insurance</u>	<u>Insuring Agency</u>	<u>Number</u>	<u>Expiration Date</u>
_____	_____	_____	_____

14. (B) If Self Insured:

<u>Type of Insurance</u>	<u>Amount of Insurance</u>	<u>Number</u>	<u>Expiration Date</u>
_____	_____	_____	_____

15. Are you or have you been bonded: _____ If "YES" please complete the following:

<u>Type of Bond</u>	<u>Bonding Agency</u>	<u>Number</u>	<u>Expiration Date</u>
_____	_____	_____	_____

I certify that the above information given by me is true _____

(Signature of Applicant)

Checklist for applicant:

- ___ A. Completed items #1 thru #12.
- ___ B. Completed items #13a thru #15.
- ___ C. Signed Notary.
- ___ D. Mail application and FEE of **\$150.00** to:

Southwest Safety Training Alliance
Attn: Marissa Evangelesta
 4720 E. Cotton Gin Loop Suite 105
 Phoenix, AZ 85040