

# OSHA OUTREACH TRAINING PROGRAM ROSTER

**Statement of Certification.** I certify that I have conducted this outreach training class in accordance with the OSHA Outreach Training Program guidelines. I have maintained the training records as required by these guidelines and I will provide these records to the OSHA Directorate of Training and Education (or their designee) upon request. I understand that I will be subject to immediate dismissal from the OSHA Outreach Training Program if information provided herein is not true and correct. I further understand that providing false information herein may subject me to civil and criminal penalties under Federal law, including section 17(g) of the Occupational Safety and Health Act, 29 U.S.C.666(g), which provides criminal penalties for making false statements or representations in any document filed pursuant to that Act. I hereby attest that the information on this form is true and correct.

**Trainer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 If submitting this application by electronic means, by affixing my name as my signature, I attest that all information provided in this submission is true and accurate.

- |  |  |
|--|--|
| <p><b>Course Conducted:</b></p> <input type="checkbox"/> 10-hour Construction<br><input type="checkbox"/> 10-hour General Industry<br><br><input type="checkbox"/> 30-hour Construction<br><input type="checkbox"/> 30-hour General Industry | <p><b>Course Information</b> (check all that apply):</p> <input type="checkbox"/> Spanish <input type="checkbox"/> Youth (age 18 or less) <input type="checkbox"/> Training outside US<br><input type="checkbox"/> Language other than English or Spanish<br><br><input type="checkbox"/> OSHA Alliance or Partnership related (specify below) _____ |
|--|--|

**State in which training was held** (or country if outside of US): \_\_\_\_\_

**Course End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Requests cannot be older than 6 months)

**Number of Students:** \_\_\_\_\_ (Enter names on back or on separate sheet. More than 50 requires prior approval)

**Primary Trainer Course Information**

<u>RMEC-003548</u>	<u>ADAM R. DEVANTIER</u>	<u>CONSTRUCTION</u>	<u>6/18/2012</u>
<small>ID Number*</small>	<small>Name</small>	<small>Course (#500/#501/#502/#503)</small>	<small>Expiration Date</small>

*\* ID number – only applies to trainers who have received student cards*

	Company / Dept. _____
COMPLETE FOR NEW ADDRESS	Address _____
	Address _____
	City /State /Zip _____
	Phone Number (____) - ____ - _____ ext. _____ E-mail: _____

**Address**(Use an address that will come directly to you; if you have an ID and your address is unchanged, don't complete this)

**Student Names**

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.