



**Specialist in Safety and
Health (SSH)
Construction Industry**



Certificate Request Form

Name: _____ **Date Requested:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Would you like to be acknowledged in the UT Arlington, OSHA Education Center monthly electronic newsletter?

If applicable, would you like to be acknowledged in your last class with the presentation of your certification?

Fee: *\$125.00*

Required:

- OSHA 510 – Standards for the Construction Industry

Electives: (choose 3 from list)

- OSHA 2015 – Hazardous Materials
- OSHA 2225 – Respiratory Protection
- OSHA 2264 – Permit-Required Confined Space Entry
- OSHA 3015 – Excavation, Trenching and Soil Mechanics
- OSHA 3095 – Electrical Standards
- OSHA 3115 – Fall Protection
- SH 300 – Safety Standards for Scaffolding
- SH 340 – Cranes, Derricks and Material Handling

For information on how to submit request, see page 2.



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Certificate Request Form (Page 2)

- Please note the following:
- A minimum of 2 courses must have been taken with UT Arlington.
- If applicable, submit paperwork at least 2 weeks prior to last class.
- All packages will be sent via FedEx with signature release unless otherwise specified.
- If you do not receive a receipt of confirmation within 2 weeks, contact our office.
- If you are scheduled to receive your certification in your last class and you reschedule, there will be a \$25 fee to have the plaque reprinted.

Payment:

Charge to: [] Visa [] Master Card [] Discover [] American Express

Card Number input field

Card Number

Expiration Date input field

Expiration Date

Printed Name: _____

Authorized Signature: _____

Note: Make checks payable to UT Arlington.

Send requests to: The University of Texas at Arlington Region VI OSHA Education Center 140 West Mitchell, Box 19197 Arlington, Texas 76019-0197

Contact us: Phone: (817) 272-2581 Toll Free: (866) 906-9190 Fax: (817) 272-2556 uta.edu/ded | osha@uta.edu

Office Use Only

Received Date: _____ Received by: _____ Verified by: _____
Payment Taken by: _____ Auth./Check #: _____
Print & PDF Date: _____ Initials: _____ Award Shop: _____
Course #: _____ Course Date: _____
of last class of last class

Notes: _____

