



# Outreach DOL Card Payment Form B

a cooperative program of the U.S. Department of Labor OSHA and Keene State College

Effective October 1, 2011, Region 1 OSHA Training Institute Education Center, in cooperation with OSHA Education Centers nationally, will implement a fee for issuing Department of Labor Outreach Cards in the amount of \$5.00 per card.

\_\_\_\_\_  
Date of Request/Payment:

Trainers Name: \_\_\_\_\_

Federal    State    Consultation | Dates of Course: \_\_\_\_\_ to \_\_\_\_\_

Location of Training: \_\_\_\_\_

Business/Organization/Individual Trained: \_\_\_\_\_

Individual Making Payment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

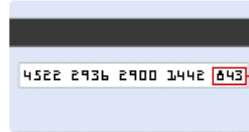
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# of DOL Outreach Cards Purchased: \_\_\_\_\_ @ \$ \_\_\_\_\_ per card = total of \$ \_\_\_\_\_

Indicate Type of Outreach Course:

- 10-Hour Construction       10-Hour General Industry       10-Hour Maritime Industry
- 30-Hour Construction       30-Hour General Industry       30-Hour Maritime Industry

## Indicate Type of Payment:



CVV is the 3 digit verification number  
Back of Card

Visa Card # \_\_\_\_\_ CVV \_\_\_\_\_ Exp. Date: \_\_\_\_\_ for \$ \_\_\_\_\_

MC Card # \_\_\_\_\_ CVV \_\_\_\_\_ Exp. Date: \_\_\_\_\_ for \$ \_\_\_\_\_

Cardholder's Name as on card: \_\_\_\_\_  
(If not keying this in, please print.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check/Money Order made to **Keene State College** : # \_\_\_\_\_ for \$ \_\_\_\_\_

Once complete, print and provide with payment to OSHA Education Center 175 Ammon Dr. Manchester, NH 03103

**Payment required within 15 days following course completion**

If you have any questions please contact your training provider or the Region 1 OTIEC Outreach Coordinator  
email: lsingleton@keene.edu, phone: 800.449.OSHA (6742)