



Qualification for New OSHA 510/500 Trainers

Please Print

| | | | | | | |
|-------------------|-------------------|-------|---|---------------------|-------------|---------------------|
| Last Name | | | | First Name | Middle Name | Date |
| Street Address | | | | | | Social Security No. |
| City | | State | Zip Code | Telephone Number(s) | | |
| Boilermaker Local | Boilermaker Hours | | Attach detailed proof of Boilermaker field construction hours | | | |

Experience as: (Please estimate cumulative time in years you have spent in any of the following position)

| | | | |
|-------------------------|---------------|------------------------------|----------------|
| Union Steward | _____ year(s) | Apprenticeship Trainer | _____ year(s) |
| Foreman | _____ year(s) | Supplemental Rigging Trainer | _____ year(s) |
| General Foreman | _____ year(s) | MOST Safety Person | _____ years(s) |
| Superintendent | _____ year(s) | | |
| MOST Leadership Trainer | _____ year(s) | | |

Education/Training: (Please indicate level of completion and attach copy of individual profile)

Attach copy of individual profile

Apprenticeship Training _____ year(s) level of completion

Project Management Training Check if Attended

Boilermaker Leadership Training Check if Attended

MOST 10 Hour Training Check if Completed

MOST Scaffold Training Check if Completed

MOST Steel Erection Training Check if Completed

MOST 30 hour Training Check if Completed

Supplemental Rigging Training Check if Attended _____ modules

Please list any other Construction Safety and Health Experience:

Signed Recommendation by at least ONE of the following:

Business Manager: _____ Local #: _____ Date: _____

Contractor: _____ Company: _____ Date: _____

Signature of Applicant: _____