

# Request for SST Card

Please complete the following form **ENTIRELY** and return it to the Building Trades Employers Educational Association by e-mailing this form and all required documentation to [SST@BTEducationFund.org](mailto:SST@BTEducationFund.org). Please do not provide original documents since we will not be responsible for its safekeeping or its return to you.

Name of Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address and Apt. #: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

\*\*\*\*\* You must submit a **current photograph** of your full head and shoulders with this form. The photograph must show your eyes open and your eyes may not be covered by glasses. Your mouth must be closed and you may not wear a head covering in the photograph. The photograph must be taken against a cream or grey background. \*\*\*\*\*

**PLEASE PROVIDE BOTH SIGNATURES AND DATES BELOW:**

By signing below, I confirm that the information and documentation I am providing with this form is true and accurate. I further acknowledge that if any of the information or documentation I provide to the Building Trades Employers Educational Association in support of my request for Site Safety Training cards is false or inaccurate, I will indemnify and hold harmless the Building Trades Employers Educational Association, and its officers and Directors, from any fines, penalties or other damages that are assessed as a result of such false or inaccurate information or documentation.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public or Commissioner of Deeds**

**\*\*\* SEE REQUIREMENTS ON BACK PAGE \*\*\***

## Request for SST Card

Please provide all requested documents listed below, unless there are choices indicated by “OR” – in this case you are only required to provide one or the other document. Please submit a copy BOTH SIDES of OSHA card.

### Temporary Site Safety Training Card

1. Driver's License with current address
2. OSHA 10 -copy of **BOTH** sides

### Limited Site Safety Training Card

1. Driver's License with current address
2. OSHA 30 -copy of **BOTH** sides

### Site Safety Training Card

1. Driver's License with current address
2. OSHA 30 -copy of **BOTH** sides
3. 2 Hour Drug & Alcohol Awareness & Eight (8) Hour Fall Protection OR Four (4) Hour Supported Scaffold & Eight (8) Hour Fall Prevention

### Site Safety Training Supervisor Card

1. Driver's License with current address
2. OSHA 30 -copy of **BOTH** sides
3. Eight (8) Hour Fall Prevention
4. Eight (8) Hour Site Safety Manager Refresher
5. Four (4) Hour Supported Scaffold User and Refresher
6. Two (2) Hour Site Safety Plan
7. Two (2) Hour Tool Box Talks
8. Two (2) Hour Pre-Task Safety Meetings
9. Two (2) Hour General Electives
10. Two (2) Hour Specialized Electives
11. Two (2) Hour Drug and Alcohol Aware