



Site Safety Training Card (SST) Application Form

To request a Site Safety Training (SST) card, please fill in all sections of this form IN PRINT. Before issuing any SST card, TSCTA must verify all training. Allow 14 business days for verification and processing.

*** Submit the completed form and copies of training certificates (as applicable) by email to INFO@TSCTA.com or fax 718-389-6155.**

Section 1: Cardholder Information

Legal Name: _____

Contact Number: _____ Email Address: _____

Date of Birth: _____ Best Way To Reach You? _____

Section 2: Type of Card Requested

- Limited SST Card (30 SST Credits)
- Full SST Card (40 SST Credits)
- Supervisor SST Card (62 SST Credits)
- Temporary SST Card (40 SST Credits)

Section 3: Training Provider and Pricing

- Completed all SST Training with TSCTA (\$25/request)
- Partial/No SST Training with TSCTA (\$75/request)

Section 4: How to Obtain Your Card

- I will pick up my SST Card in person
- Mail my SST card to the address provided below via USPS. Once your SST application has been reviewed and determined to be eligible for SST card issuance, it will typically be mailed within 3-5 business days. This does not include processing time. Should the SST card not be received due to an incomplete or inaccurate address, theft, or any other circumstances outside of TSCTA's control, there is a \$20 reprint fee.

Mailing Address: _____ Apt/Floor _____

City _____ State _____ ZIP Code _____

OFFICE USE ONLY		
<input type="checkbox"/> Copy of Picture ID	<input type="checkbox"/> Copy Certifications	<input type="checkbox"/> Student ID No. (Barcode): _____
<input type="checkbox"/> Obtain Digital Signature	<input type="checkbox"/> Obtain Picture	<input type="checkbox"/> Verified All Sections of Form Completed

*Processing time to verify training taken other than TSCTA may vary

Type of Training Completed

For verification of safety training completed with a provider other than TSCTA, you must submit a copy of your course completion certificate(s) or card(s) with the completed form. **Incomplete applications cannot be processed.**

For verification of training completed with TSCTA within the last 5 years, a copy of the course completion card or certificate is NOT required.

PLEASE CHECK ALL COURSES THAT APPLY.

OSHA: 10 Hour OSHA Safety & Health Construction 30 Hour OSHA Safety & Health Construction

SST PRESCRIBED ELECTIVES		OFFICE USE ONLY		
		COURSE PROVIDER ID	VERIFY (Y/N)	COURSE ID #
<input type="checkbox"/>	8 Hour Fall Prevention			FALLPREV8
<input type="checkbox"/>	8 Hour Chapter 33 (Site Safety Manager Refresher)			SITESAFM8
<input type="checkbox"/>	4 Hour Supported Scaffold			SCAFFOLD4
<input type="checkbox"/>	2 Hour Drug and Alcohol Awareness			DRUGALC2
<input type="checkbox"/>	2 Hour Pre-Task Safety Meetings			PRETASK2
<input type="checkbox"/>	2 Hour Site Safety Plan			SSPLAN2
<input type="checkbox"/>	2 Hour Tool Box Talks			TOOLBX2
SUB-TOTAL SST CREDITS :				

SST GENERAL ELECTIVES		COURSE PROVIDER ID	VERIFY (Y/N)	COURSE ID #
<input type="checkbox"/>	1 Hour First Aid and CPR			FACPR1
<input type="checkbox"/>	1 Hour Hoisting and Rigging			HOISTRIG1
<input type="checkbox"/>	1 Hour Materials Handling, Storage, Use and Disposal			MATHAND1
<input type="checkbox"/>	1 Hour Handling Heavy Materials and Proper Lifting Techniques			HANDHEAV1
<input type="checkbox"/>	1 Hour Stairways and Ladders			STAIRLAD1
<input type="checkbox"/>	1 Hour Tools - Hand and Power			TOOLHP1
<input type="checkbox"/>	1 Hour Fire Protection and Prevention			FIREPP1
<input type="checkbox"/>	1 Hour Protection from Sun Exposure			PROSUN1
<input type="checkbox"/>	1 Hour Repetitive Motion Injuries			REPMO1
<input type="checkbox"/>	1 Hour Health and Safety Programs in Construction			CONTPM1
<input type="checkbox"/>	1 Hour Electrocution Prevention			ELECTPR1
SUB-TOTAL SST CREDITS :				

SST SPECIALIZED ELECTIVES		COURSE PROVIDER ID	VERIFY (Y/N)	COURSE ID #
<input type="checkbox"/>	1 Hour Asbestos/Lead Awareness			ASBES1
<input type="checkbox"/>	1 Hour Flag Person			FLAGPER1
<input type="checkbox"/>	1 Hour Cranes, Derricks, Hoists, Elevators and Conveyors			CRAECE1
<input type="checkbox"/>	1 Hour Excavations			EXCAV1
<input type="checkbox"/>	1 Hour Scaffolds-Suspended			SCAFFSUS1
<input type="checkbox"/>	1 Hour Concrete and Masonry Construction			CONMCI
<input type="checkbox"/>	1 Hour Confined Space Entry			CONFSP1
SUB-TOTAL SST CREDITS :				

SST SPECIALIZED ELECTIVES (Cont.)		OFFICE USE ONLY		
		COURSE PROVIDER ID	VERIFY (Y/N)	COURSE ID #
<input type="checkbox"/>	1 Hour Ergonomics			ERGO1
<input type="checkbox"/>	1 Hour Motor Vehicles, Mechanized Equipments, et. al			MOTORV1
<input type="checkbox"/>	1 Hour Steel Erection			STEELER1
<input type="checkbox"/>	1 Hour Welding and Cutting			WELDCUT
<input type="checkbox"/>	1 Hour Demolition Safety			DEMOSAFET1
<input type="checkbox"/>	1 Hour Safety and Health Programs in Construction			SAFHPI
<input type="checkbox"/>	2.5 Hour Foundations for Safety Leadership			FDSAFLD2
<input type="checkbox"/>	1 Hour Risk Assessment and Accident Investigation (Including Graphic Photos of Aftermath of Accidents)			RISKA1
<input type="checkbox"/>	1 Hour Job Hazard Analysis			JOBHZA1
<input type="checkbox"/>	1 Hour Manlifts/Aerial Lifts/Scissor Lifts Safety			LIFTS1
		SUB-TOTAL SST CREDITS:		

DOB Approved Course Equivalent (Training Must Be Taken within Last 5 Years)		COURSE PROVIDER ID	VERIFY (Y/N)	COURSE ID #
		<input type="checkbox"/>	8 Hour Site Safety Manager Refresher	
<input type="checkbox"/>	8 Hour Site Safety Coordinator			E-SITESAFC8
<input type="checkbox"/>	40 Hour Site Safety Manager			E-SITESAFM40
<input type="checkbox"/>	8 Hour Supported Scaffold Refresher			E-SCAFFOLD8
<input type="checkbox"/>	4 Hour Supported Scaffold User			E-SCAFFOLD4
<input type="checkbox"/>	8 Hour Master and Special Electrician Refresher			E-MASCPLEC8
<input type="checkbox"/>	30 Hour Master Rigger			E-MASTRIGG30
<input type="checkbox"/>	8 Hour Master Rigger Refresher			E-MASTRIGGR8
<input type="checkbox"/>	30 Hour Special Rigger			E-SPECRIGG30
<input type="checkbox"/>	8 Hour Special Rigger Refresher			E-SPECRIGG8
<input type="checkbox"/>	32 Hour Rigging Supervisor			E-RIGGSUP32
<input type="checkbox"/>	16 Hour Rigging Worker			ERIGGWORK16
<input type="checkbox"/>	8 Hour Rigging Worker Refresher			ERIGGWORK8
<input type="checkbox"/>	16 Hour Rigging Supervisor Refresher			E-RIGGSUP16
<input type="checkbox"/>	OSHA Awareness 4 Hour Fall Protection			G-FALLPREV
<input type="checkbox"/>	OSHA Awareness 4 Hour Confined Space			E-CONSPC4
<input type="checkbox"/>	30 Hour Concrete Safety Manager			E-CONSM30
<input type="checkbox"/>	8 Hour Concrete Safety Manager			E-CONSM8
<input type="checkbox"/>	16 Hour Suspended Scaffold User			E-SCAFFSUS16
<input type="checkbox"/>	8 Hour Suspended Scaffold User			E-SCAFFSUS8
<input type="checkbox"/>	32 Hour Suspended Scaffold Supervisor			E-SCAFFOLD32
<input type="checkbox"/>	8 Hour Suspended Scaffold Supervisor Refresher			E-SCAFFSUP8
<input type="checkbox"/>	32 Hour Supported Scaffold Installer/Remover			E-SCAFFOLD32
		SUB-TOTAL SST CREDITS :		

# of SST Prescribed credits	# of SST Specialized credits	# of SST General credits	# of DOB-Approved credits	TOTAL SST CREDITS
_____	_____	_____	_____	_____
+ + + =				

Acknowledgement

I, _____ THE APPLICANT, CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I certify that I have successfully attended and completed all training described in this application. Original certification must be provided along with this completed form. Allow 5 business days for processing. If TSCTA determines the training cannot be effectively verified, I acknowledge that I shall have no further interest, right or claim. If this application is approved I hereby WAIVE LIABILITY AND RELEASE THE TSCTA AND AFFILIATED COMPANIES FROM ANY AND ALL CLAIMS OF LIABILITY ARISING FROM OR RELATING TO TRAINING OR SST CARD ISSUANCE. NO REFUNDS will be issued if application is denied. If applicant selects to have SST card mailed and should the SST card not be received due to an incomplete or inaccurate address provided, theft, or any other circumstances outside of TSCTA's control, the applicant shall be responsible for the \$5 reprint fee.

APPLICANT SIGNATURE _____ DATE _____

OFFICE USE ONLY

Approved Denied (See Notes) Processed by : _____

Date of Issuance : _____

SST Card Number : _____

CARD TYPE

- | | |
|---|--|
| <input type="checkbox"/> Limited SST Card (30 SST Credits) | <input type="checkbox"/> Full SST Card (40 SST Credits) |
| <input type="checkbox"/> Supervisor SST Card (62 SST Credits) | <input type="checkbox"/> Temporary SST Card (40 SST Credits) |

IDENTITY VERIFICATION

PROOF OF IDENTITY **PROOF OF ADDRESS**

_____ **PTS:** _____ _____ **PTS:** _____

_____ **PTS:** _____ _____ **PTS:** _____

TOTAL POINTS: _____

Notes



Site Safety Training Card (SST) Credit Authorization Form

ALL SECTIONS OF APPLICATION MUST BE FILLED OUR TO PROCESS THIS REQUEST. Completed forms can be submitted in person or emailed to info@tscta.com. Fee for SST card issuance is nonrefundable TSCTA reserves the right to decline SST card request(s).

Section 1 (PLEASE CHECK THE APPROPRIATE BOX AND INDICATE QUANTITY REQUESTED)

- Limited SST Card (30 SST Credits)
- Full SST Card (40 SST Credits)
- Supervisor SST Card (62 SST Credits)
- Temporary SST Card (40 SST Credits)

Pricing

- Completed **ALL** SST training with TSCTA (\$25)
- Partial/No SST Training with TSCTA (\$75)

QTY: _____ **Total:** _____ **Total to be charged:** _____

Please Indicate Name(s) of Students	SST Card Type

Section 2 (PLEASE SELECT FROM ONE OF THE FOLLOWING)

- I will pick up my SST Card in person
- Mail my SST to the following address:

Name: _____

Company Name: _____
(if company is providing payment)

Mailing Address: _____

EMAIL _____ PHONE NO. _____

Section 3

AMT. TO BE CHARGED:

- CASH
- MONEY ORDER/
CERTIFIED CHECK
- VISA
- MASTERCARD
- AMEX
- DISCOVER

CARD NO: _____ EXP. DATE: ____/____ VERIFICATION CODE: _____

BILLING ADDRESS: _____

CARDHOLDER ACKNOWLEDGEMENT

I, _____ acknowledge that by signing this form, I have given TSCTA permission to charge my account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to my account.

CARDHOLDER SIGNATURE _____ DATE: _____

Card member acknowledges receipt of goods and or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the card member's agreement with the issuer.