



Site Safety Training Card (SST)

Formulario de Aplicación

Para solicitar una tarjeta de Site Safety Training (SST), complete todas las secciones de este formulario con **letra clara/legible y mayúsculas**. Antes de emitir cualquier tarjeta SST, TSCTA debe verificar toda la capacitación y la dirección y la identificación del solicitante. Para obtener información sobre la prueba de la dirección y la identificación, visite: tscta.com/sst-card-issuance/. Permitir 14 días hábiles para verificación y procesamiento.

*** Envíe el formulario completado y las copias de los certificados de capacitación (según corresponda) por correo electrónico a INFO@TSCTA.com o fax 718-389-6155.**

Section 1: Cardholder Information

Nombre Legal: _____

Telefono: _____

Email: _____

Fecha de Nacimiento: _____

¿Forma preferida para comunicarse?: _____

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 (10 SST Credits)

Section 3: Training Provider and Pricing

Completó toda la capacitación de SST con TSCTA: \$ 25 por solicitud

Parcial o ningún tipo de entrenamiento para SST completado con TSCTA: \$ 75 por solicitud

Section 4: How to Obtain Your Card

Recogeré mi tarjeta SST en persona

Envíe mi tarjeta SST a la dirección que se indica a continuación a través de USPS. Una vez que su solicitud de SST haya sido revisada y se haya determinado que es elegible para la emisión de la tarjeta de SST, se enviará por correo dentro de 3-5 días hábiles. En caso de que no se reciba la tarjeta SST debido a una dirección incompleta o inexacta, un robo o cualquier otra circunstancia fuera del control de TSCTA, seré responsable de la tarifa de reimpresión de \$ 20.

Dirección de Envío: _____

Apt/Piso

Ciudad

Estado

Codigo Postal

OFFICE USE ONLY

Copy of Picture ID

Copy Certifications

Student ID No. (Barcode): _____

Obtain Digital Signature

Obtain Picture

Verified All Sections of Form Completed

*El tiempo de procesamiento necesario para verificar la capacitación completada fuera de TSCTA puede variar.

Tipo de Entrenamiento Completado

Toda el material de finalización de curso DEBEN presentarse con la solicitud. Solo se aceptaran los originales. (los documentos no serán retenidos por TSCTA. Se harán copias y se devolverán los originales).

Las solicitudes incompletas no pueden ser procesadas.

Para la verificación de capacitación completado con TSCTA dentro los últimos 5 años NO se requiere una copia de la tarjeta de o certificado de finalización del curso.

MARQUE TODO LO QUE CORRESPONDA

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			SST-307	B <input type="checkbox"/>
<input type="checkbox"/>	8 Hour Chapter 33 (Site Safety Manager Renewal)			SST-401	
<input type="checkbox"/>	4 Hour Supported Scaffold User and Refresher			SST-306	
<input type="checkbox"/>	2 Hour Drug and Alcohol Awareness			SST-302	B <input type="checkbox"/>
<input type="checkbox"/>	2 Hour Pre-Task Safety Meetings			SST-303	
<input type="checkbox"/>	2 Hour Site Safety Plan			SST-301	
<input type="checkbox"/>	2 Hour Tool Box Talks			SST-304	
SUB-TOTAL SST CREDITS :					

SST GENERAL ELECTIVES		COURSE PROVIDER ID	VERIFY (Y/N)	COURSE ID #
<input type="checkbox"/>	1 Hour First Aid and CPR			SST-104
<input type="checkbox"/>	1 Hour Hoisting and Rigging			SST-106
<input type="checkbox"/>	1 Hour Materials Handling, Storage, Use and Disposal			SST-107
<input type="checkbox"/>	1 Hour Handling Heavy Materials & Proper Lifting Techniques			SST-105
<input type="checkbox"/>	1 Hour Stairways and Ladders			SST-110
<input type="checkbox"/>	1 Hour Tools - Hand and Power			SST-111
<input type="checkbox"/>	1 Hour Fire Protection and Prevention			SST-103
<input type="checkbox"/>	1 Hour Protection from Sun Exposure			SST-108
<input type="checkbox"/>	1 Hour Repetitive Motion Injuries			SST-109
<input type="checkbox"/>	1 Hour Electrocution Prevention			SST-102
SUB-TOTAL SST CREDITS :				

SST SPECIALIZED ELECTIVES		COURSE PROVIDER ID	VERIFY (Y/N)	COURSE ID #
<input type="checkbox"/>	1 Hour Asbestos/Lead Awareness			SST-201
<input type="checkbox"/>	1 Hour Flag Person			SST-208
<input type="checkbox"/>	1 Hour Cranes, Derricks, Hoists, Elevators and Conveyors			SST-204
<input type="checkbox"/>	1 Hour Excavations			SST-207
<input type="checkbox"/>	1 Hour Scaffolds-Suspended			SST-213
<input type="checkbox"/>	1 Hour Concrete and Masonry Construction			SST-203
<input type="checkbox"/>	1 Hour Confined Space Entry			SST-202
SUB-TOTAL SST CREDITS :				

SST SPECIALIZED ELECTIVES (Cont.)		OFFICE USE ONLY	
		COURSE PROVIDER ID	VERIFY (Y/N)
<input type="checkbox"/>	1 Hour Ergonomics		SST-206
<input type="checkbox"/>	1 Hour Motor Vehicles, Mechanized Equipments, et. al		SST-211
<input type="checkbox"/>	1 Hour Steel Erection		SST-214
<input type="checkbox"/>	1 Hour Welding and Cutting		SST-215
<input type="checkbox"/>	1 Hour Demolition Safety		SST-205
<input type="checkbox"/>	1 Hour Health and Safety Programs in Construction		SST-216
<input type="checkbox"/>	2.5 Hour Foundations for Safety Leadership		SST-217
<input type="checkbox"/>	1 Hour Risk Assessment and Accident Investigation (Including Graphic Photos of Aftermath of Accidents)		SST-212
<input type="checkbox"/>	1 Hour Job Hazard Analysis		SST-209
<input type="checkbox"/>	1 Hour Manlifts/Aerial Lifts/Scissor Lifts Safety		SST-210
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			SAF-103
<input type="checkbox"/>	40 Hour Site Safety Manager			SAF-102
<input type="checkbox"/>	8 Hour Supported Scaffold Installer/Remover Refresher			SCA-202
<input type="checkbox"/>	4 Hour Supported Scaffold User & Refresher			SCA-201
<input type="checkbox"/>	8 Hour Master & Special Electrician Refresher			ELE-201
<input type="checkbox"/>	30 Hour Master Rigger			CRA-104
<input type="checkbox"/>	8 Hour Master Rigger Renewal			CRA-202
<input type="checkbox"/>	30 Hour Special Rigger			CRA-106
<input type="checkbox"/>	8 Hour Special Rigger Renewal			CRA-204
<input type="checkbox"/>	32 Hour Rigging Supervisor			CRA-301
<input type="checkbox"/>	16 Hour Rigging Worker			CRA-103
<input type="checkbox"/>	8 Hour Rigging Worker Refresher			CRA-201
<input type="checkbox"/>	16 Hour Rigging Supervisor Refresher			CRA-401
<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			CON-301
<input type="checkbox"/>	8 Hour Concrete Safety Manager Refresher			CON-302
<input type="checkbox"/>	16 Hour Suspended Scaffold User			SCA-103
<input type="checkbox"/>	8 Hour Suspended Scaffold User			SCA-203
<input type="checkbox"/>	32 Hour Suspended Scaffold Supervisor			SCA-301
<input type="checkbox"/>	8 Hour Suspended Scaffold Supervisor Refresher			SCA-401
<input type="checkbox"/>	32 Hour Supported Scaffold Installer/Remover			SCA-102
SUB-TOTAL SST CREDITS :				

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



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
- VISA
- AMEX
- MONEY ORDER/
CERTIFIED CHECK
- MASTERCARD
- 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.



ONLINE TRAINING ACTIVELY PROCTORED ATTESTATION

I, _____, hereby attest that on _____ (insert date of completion), I completed an online site safety training course in accordance to the requirements of the Administrative Code, the Rules of the City of New York, rules, regulations, policies, procedure notices and directives issued by the New York City Department of Buildings. I further attest that I completed the training without assistance.

I, _____, do hereby further attest that the information provided on this application is true, accurate and correct to the best of my knowledge.

In addition, I am willing to submit documentation to support this claim if necessary and accept that if I am unable to provide this documentation or a discrepancy in my supporting documentation is later determined, my NYC Site Safety Identification Card (Temporary, Limited, Full, Supervisor) issued by TSC Training Academy may be revoked.

Respectfully submitted,

NYC Site Safety Identification Card Applicant

Date