



OSHA Course Completion Card Replacement Form

Only the OSHA-authorized instructor who conducted the original 10/30 HR OSHA training can request a replacement Student Course Completion Card. TSCTA cannot accept any request on behalf of an instructor they no longer employ. *Your OSHA-authorized instructor reserves the right to decline a replacement request if incomplete and/or inaccurate information is provided and/or third party payee for original license declines to approve request to release.*

Please Note

- You **MUST** present photo I.D at the time the replacement request is made AND at the time of pick up.
- OSHA will only issue replacement student completion cards for training completed within the last **5 years**.
- TSCTA will make every reasonable effort to maintain current contact information for all personnel. Ultimately, it is the responsibility of your OSHA instructor to inform TSCTA of any changes in their contact information after leaving TSCTA. As per OSHA, if you are unable to reach an instructor no longer employed with TSCTA, you should contact OSHA directly via phone @ (847) 725-7810 or via email @ outreach@dol.gov (email is their preferred means of contact).
- Per OSHA, **ONLY ONE replacement completion card may be issued per student**. Any individuals that lose or misplace their **replacement** OSHA card will need to retake the entire OSHA training. **NO REFUNDS**.
- The OSHA Outreach Centers may take up to **90 days** to issue a replacement OSHA card. Once the replacement OSHA card is received by your instructor, you will be contacted using the above phone number to confirm if you want the card mailed or if it will be picked up. If we are unable to reach you, the card will remain at TSCTA's office location until you contact us or pick up.
- **For mail requests:** The card will be mailed to the address provided below or an alternative location at the request of the student. We are NOT responsible for the accuracy of the address and/or its timely delivery by the USPS.
- **For Pick-Up Requests:** Cards will only be available for pick up Mon- Fri between the hours of 8 AM and 4:30 PM.

STUDENT INFORMATION

FULL LEGAL NAME <small>(AS IT APPEARS ON OSHA CARD):</small>			
MAILING ADDRESS		<small>CITY</small>	<small>STATE</small>
EMPLOYER/AGENCY <small>(AT TIME OF TRAINING, IF APPLICABLE):</small>			<small>ZIP CODE</small>
EMAIL ADDRESS	CONTACT PHONE NO.		

COURSE & CARD INFORMATION (CHECK ALL THAT APPLY)

COURSE TYPE:

- | | |
|--|--|
| <input type="checkbox"/> 10HR CONSTRUCTION SAFETY AND HEALTH PROGRAM | <input type="checkbox"/> 10HR GENERAL INDUSTRY SAFETY & HEALTH PROGRAM |
| <input type="checkbox"/> 30HR CONSTRUCTION SAFETY AND HEALTH PROGRAM | <input type="checkbox"/> 30HR GENERAL INDUSTRY SAFETY & HEALTH PROGRAM |

DATE(S) OF TRAINING(S): _____

CARD TYPE:

- | | |
|--|--|
| <input type="checkbox"/> OSHA REPLACEMENT CARD (\$35.00) | <input type="checkbox"/> USF OSHA REPLACEMENT CARD (\$65.00) |
|--|--|

PLEASE REVIEW REVERSE SIDE OF FORM TO ENTER CREDIT CARD INFORMATION

OFFICE USE ONLY	
<input type="checkbox"/> Approved	Instructor Initials: <input style="width: 50px;" type="text"/> Processed on: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
<input type="checkbox"/> Denied Reason :	<input style="width: 90%; height: 20px;" type="text"/>



OSHA COURSE COMPLETION CARD REPLACEMENT Credit Authorization Form

ALL APPLICABLE SECTIONS OF FORM MUST BE FILLED OUT TO PROCESS THIS REQUEST.

Payment must be received in FULL before replacement OSHA card can be requested

# of OSHA Cards	<input type="text"/>
# of USF OSHA Cards	<input type="text"/>

Total Amount to be Charged:	<input type="text"/>
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CREDIT CARD DETAILS

NAME OF PERSON PREPARING FORM

COMPANY NAME (IF APPLICABLE)

BILLING ADDRESS

CITY STATE ZIP

EMAIL

PHONE

CARD TYPE:

VISA MASTERCARD AMEX DISCOVER

CARDHOLDER NAME

CARD NO.

EXP. DATE

VER. CODE

CARDHOLDER SIGNATURE

DATE

CREDIT CARD AUTHORIZATION

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 ACKNOWLEDGEMENT

By checking this box, the cardholder 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.