



## ATTENTION APPLICANTS

The following is required to process your application:

1. Clear copies of all certifications you want to use towards SST card, including any training course(s) completed with TSCTA
2. *If courses were completed on-line via the TSCTA Online LMS (not Virtual Courses on Zoom) or with another provider, please provide a "clear photo," which must:*
  - Be in color, in focus and a close up of full head and shoulders ONLY
  - Be taken on a light colored background (white, grey, cream) with nothing in background (objects or people)
  - Contain absolutely **no** eyeglasses, hats or head coverings

**EXAMPLE:**



If you are unsure we need your picture, submit one with your application.

If the picture does not meet the NYC DOB requirements, we will be unable to use it.

By checking this box and signing below, I acknowledge that I comprehend and accept the above statement, and will submit my SST application with this understanding.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# SITE SAFETY TRAINING (SST) NEW AND UPGRADING CARD 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, must verify all training as well as the applicant's proof of address and ID.** For info on proof of address/ID please visit: [tscta.com/sst-card-issuance](http://tscta.com/sst-card-issuance).

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

## SECTION 1: CARDHOLDER INFORMATION

LEGAL NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

## SECTION 2: TYPE OF SST CARD REQUESTED

TEMPORARY (10HR OSHA)  WORKER (40 SST CREDITS)  SUPERVISOR (62 SSTCREDITS)

DO YOU CURRENTLY HAVE AN SST CARD? (If SST Card is from a provider other than TSCTA, a copy must be provided along with course completion certificates.)

YES, I HAVE A TEMPORARY SST CARD

YES, I HAVE A WORKER SST CARD

IF YES, WHAT IS YOUR SST CARD # \_\_\_\_\_

## SECTION 3: ID AND ADDRESS VERIFICATION (4PT TOTAL REQUIRED, 3PT ID + 1PT ADDRESS)

ID

NYS ID (4PTS)  OUT OF STATE ID (3PTS)  PASSPORT (3PTS)  OTHER \_\_\_\_\_

PROOF OF ADDRESS (ALL PROOFS OF ADDRESS = 1PT EXCEPT UNION CARD [3pts])

\_\_\_\_\_

## SECTION 4: PROCESSING FEES

INITIAL REQUEST (\$50)

UPGRADE (\$25)

## SECTION 5: METHOD OF CARD DELIVERY

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.

**IF SENDING TO COMPANY, INCLUDE COMPANY NAME BELOW.\***

BE SPECIFIC: INCLUDE APT., FLOOR, SUITE, ETC.

MAILING ADDRESS: \_\_\_\_\_

CITY

STATE

ZIP CODE

COMPANY NAME\*: \_\_\_\_\_

# 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.

10HR OSHA SAFETY & HEALTH CONSTRUCTION PROGRAM

30HR OSHA SAFETY & HEALTH CONSTRUCTION PROGRAM

OFFICE USE ONLY

## SST PRESCRIBED ELECTIVES

	COURSE PROVIDER ID #	VERIFY (Y/N)	COURSE ID #	DOB-PROVIDED
<input type="checkbox"/> 8HR FALL PREVENTION			SST-307	<input type="checkbox"/> B
<input type="checkbox"/> 8 HR SITE SAFETY MANAGER RENEWAL (CHAPTER 33)			SAF-202	
<input type="checkbox"/> 4HR SUPPORTED SCAFFOLD USER & REFRESHER*			SCA-201	
<input type="checkbox"/> 2HR DRUG AND ALCOHOL AWARENESS			SST-302	<input type="checkbox"/> B
<input type="checkbox"/> 2HR PRE-TASK SAFETY MEETINGS			SST-303	<input type="checkbox"/> B
<input type="checkbox"/> 2HR SITE SAFETY PLAN			SST-301	
<input type="checkbox"/> 2HR TOOL BOX TALKS			SST-304	<input type="checkbox"/> B
			<b>SUB-TOTAL SST CREDITS</b>	

\*COURSE ELIGIBLE FOR PRIOR EXPERIENCE EQUIVALENCY (SEE BELOW)

## SST GENERAL ELECTIVES

	COURSE PROVIDER ID #	VERIFY (Y/N)	COURSE ID #	DOB-PROVIDED
<input type="checkbox"/> 1HR FIRST AID & CPR			SST-104	
<input type="checkbox"/> 1HR HOISTING & RIGGING			SST-106	
<input type="checkbox"/> 1HR TOOLS - HAND & POWER			SST-111	
<input type="checkbox"/> 1HR PROTECTION FROM SUN EXPOSURE			SST-108	<input type="checkbox"/> B
			<b>SUB-TOTAL SST CREDITS</b>	

## SST SPECIALIZED ELECTIVES

	COURSE PROVIDER ID #	VERIFY (Y/N)	COURSE ID #	DOB-PROVIDED
<input type="checkbox"/> 1HR ASBESTOS/LEAD AWARENESS			SST-201	<input type="checkbox"/> B
<input type="checkbox"/> 1HR CONFINED SPACE ENTRY			SST-202	<input type="checkbox"/> B
<input type="checkbox"/> 1HR FLAG PERSON			SST-208	
<input type="checkbox"/> 1HR MANLIFTS/AERIAL LIFTS/SCISSOR LIFTS SAFETY			SST-210	
			<b>SUB-TOTAL SST CREDITS</b>	

## SST PRIOR EXPERIENCE EQUIVALENCY\*:

IF APPLICABLE, PLEASE SELECT EACH COURSE LISTED BELOW THAT YOU'LL BE USING FOR THE PRIOR EXPERIENCE EXEMPTION:

4HR SUPPORTED SCAFFOLD USER & REFRESHER (SCA-201)  4HR FALL PREVENTION (SST-B/305)

WHICH WOULD BE APPLIED TO THE FOLLOWING COURSE: \_\_\_\_\_

# DOB APPROVED COURSE EQUIVALENT

(TRAINING MUST BE TAKEN WITHIN LAST 5 YEARS)

	COURSE PROVIDER ID #	VERIFY (Y/N)	COURSE ID #
<input type="checkbox"/> 8HR SITE SAFETY MANAGER REFRESHER			SAF-201
<input type="checkbox"/> 8HR SITE SAFETY COORDINATOR			SAF-103
<input type="checkbox"/> 40HR SITE SAFETY MANAGER			SAF-102
<input type="checkbox"/> 8HR MASTER & SPECIAL ELECTRICIAN REFRESHER			ELE-201
<input type="checkbox"/> 30HR MASTER RIGGER			CRA-104
<input type="checkbox"/> 8HR MASTER RIGGER RENEWAL			CRA-202
<input type="checkbox"/> 30HR SPECIAL RIGGER			CRA-106
<input type="checkbox"/> 8HR SPECIAL RIGGER RENEWAL			CRA-204
<input type="checkbox"/> 32HR RIGGING SUPERVISOR			CRA-301
<input type="checkbox"/> 16HR RIGGING WORKER			CRA-103
<input type="checkbox"/> 8HR RIGGING WORKER REFRESHER			CRA-201
<input type="checkbox"/> 16HR RIGGING SUPERVISOR REFRESHER			CRA-401
<input type="checkbox"/> OSHA AWARENESS 4HR FALL PROTECTION			G-FALLPREV
<input type="checkbox"/> OSHA AWARENESS 4HR CONFINED SPACE			E-CONSPC4
<input type="checkbox"/> 30HR CONCRETE SAFETY MANAGER			CON-301
<input type="checkbox"/> 8HR CONCRETE SAFETY MANAGER REFRESHER			CON-302
<input type="checkbox"/> 4HR SUPPORTED SCAFFOLD USER & REFRESHER			SCA-201
<input type="checkbox"/> 16HR SUSPENDED SCAFFOLD USER			SCA-103
<input type="checkbox"/> 8HR SUSPENDED SCAFFOLD USER			SCA-203
<input type="checkbox"/> 32HR SUSPENDED SCAFFOLD SUPERVISOR			SCA-301
<input type="checkbox"/> 8HR SUSPENDED SCAFFOLD SUPERVISOR REFRESHER			SCA-401
<input type="checkbox"/> 32HR SUPPORTED SCAFFOLD INSTALLER/REMOVER			SCA-102
<input type="checkbox"/> 8HR SUPPORTED SCAFFOLD INSTALLER/REMOVER REFRESHER			SCA-202
<b>SUB-TOTAL SST CREDITS:</b>			

**DID YOU TAKE ANY OF THE FOLLOWING 1HR GENERAL ELECTIVE COURSES AT A TRAINING PROVIDER OTHER THAN TSCTA?:**

HANDLING HEAVY MATERIALS & PROPER LIFTING TECHNIQUES (SST-105) | MATERIALS HANDLING, STORAGE, USE AND DISPOSAL (SST-107)  
 STAIRWAY & LADDERS (SST-110) | FIRE PROTECTION & PREVENTION (SST-103) | REPETITIVE MOTION INJURIES (SST-109)  
 ELECTROCUTION PREVENTION (SST-102)

**DID YOU TAKE ANY OF THE FOLLOWING SPECIALIZED ELECTIVE COURSES AT A TRAINING PROVIDER OTHER THAN TSCTA?:**

CRANES, DERRICKS, HOISTS, ELEVATORS & CONVEYORS (SST-204) | EXCAVATIONS (SST-207) | SCAFFOLDS SUSPENDED (SST-213)  
 CONCRETE & MASONRY CONSTR. (SST-203) | ERGONOMICS (SST-206) | MOTOR VEHICLES, MECHANIZED EQUIPMENT, ET. AL (SST-211)  
 STEEL ERECTION (SST-214) | WELDING & CUTTING (SST-215) | DEMOLITION SAFETY (SST-205)  
 HEALTH AND SAFETY PROGRAMS IN CONSTRUCTION (SST-216) | 2.5HR FOUNDATIONS FOR SAFETY LEADERSHIP (SST-217)  
 RISK ASSESSMENT AND ACCIDENT INVESTIGATION (SST-204) | JOB HAZARD ANALYSIS (SST-209)

**IF YES, PLEASE LIST THE SST COURSE ID# AND TRAINING PROVIDER NAME BELOW:**

SST \_\_\_\_\_ PROVIDER:

SST \_\_\_\_\_ PROVIDER:

SST \_\_\_\_\_ PROVIDER:

SST \_\_\_\_\_ PROVIDER:

**TSCTA, DOB approved provider 4Q68, is required to verify the training credentials, identity and mailing address for every SST card request prior to any card issuance. Prior to submitting your application, please make sure your application is signed and includes clear copies of your training certificates, ID, and, as appropriate, address.**

### **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. 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 \$20 reprint fee.

**APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

### **OFFICE USE ONLY**

**SST PRESCRIBED CREDITS**

**SST SPECIALIZED CREDITS**

**SST GENERAL CREDITS**

**SST DOB-APPROVED CREDITS**

**TOTAL SST CREDITS**

**APPROVED**

**DENIED (SEE NOTES BELOW)**

**NOTES**

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# SITE SAFETY TRAINING CARD (SST) PAYMENT OPTIONS

PLEASE CHOSE A PAYMENT OPTION FROM THE LIST BELOW. THESE OPTIONS HAVE BEEN CAREFULLY ARRANGED TO PROVIDE CLIENTS THE MOST PROTECTION OF PERSONAL INFORMATION. PLEASE DO NOT PROVIDE ANY INFORMATION NOT REQUESTED.

<p>CHECK / MONEY ORDER</p> <p><input type="checkbox"/></p>	<p>Please mail a check or money order to the following address reference the invoice number or class number</p> <p>TSC Training Academy c/o Accounting Department 36-06 33rd Ave Ste 2 Long Island City, NY 11101</p>
<p>ELECTRONIC FUNDS TRANSFER (ACH PAYMENT)</p> <p><input type="checkbox"/></p>	<p>A member of our Accounting Department will reach out to you regarding how to proceed with an ACH payment</p>
<p>CREDIT CARD</p> <p><input type="checkbox"/></p>	<p>To protect your personal information, a call will be placed to you to retrieve payment information over the phone to complete your payment. A receipt will be emailed to you immediately following your transaction.</p>
<p>CONTACT ACCOUNTING DEPRATMENT</p>	<p>If you have further questions, comments or concerns regarding your payment processing, please reach out to the Accounting derpatment at <a href="mailto:Finance@tscta.com">Finance@tscta.com</a></p>