

## 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. GBTS 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.
- GBTS will make every reasonable effort to maintain current contact information for all personnel. Ultimately, it is the
  responsibility of your OSHA instructor to inform GBTS of any changes in their contact information after leaving GBTS.
  As per OSHA, if you are unable to reach an instructor no longer employed with GBTS, 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 <u>ONE</u> 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 <u>90 days</u> 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 GBTS' 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 (AS IT APPEARS ON OSHA CARD):   |                           |  |        |          |  |
| MAILING ADDRESS   |                           |  |        |          |  |
| EMPLOYER/AGENCY (AT TIME OF TRAINING, IF APPLICABLE):                                   |                           | СІТУ   | STATE  | ZIP CODE |  |
| EMAIL ADDRESS CONTACT PHONE NO.   |                           |  |        |          |  |
| COURSE & CARD INFO  | ORMATION (                | CHECK ALL THAT   | APPLY) |          |  |
| COURSE TYPE:  |                           |  |        |          |  |
| 10HR CONSTRUCTION SAFETY AND HEALTH PROGRAM 30HR CONSTRUCTION SAFETY AND HEALTH PROGRAM |                           | 10HR GENERAL INDUSTRY SAFETY & HEALTH PROGRAM  30HR GENERAL INDUSTRY SAFETY & HEALTH PROGRAM |        |          |  |
| DATE(S) OF TRAINING(S):   |                           |  |        |          |  |
| CARD TYPE:  |                           |  |        |          |  |
| OSHA REPLACEMENT CARD (\$35.00)   |                           | USF OSHA REPLACEMENT CARD (\$65.00)  |        |          |  |
| PLEASE REVIEW REVERSE SIDE OF FORM TO ENTER CREDIT CARD INFORMATION                     |                           |  |        |          |  |
| Approved In   | OFFICE structor Initials: | Processed on:  | 1 1    |          |  |
| Denied Reason:  |                           |  |        |          |  |

## **Payment Option**

The following option have been identified as best practice to protect our clients personal and financial information. Please do not provide any information that is not requested.

| Check / Money Order           | Please mail a check or money order to the following address referencing the invoice number or class number:   |
|-------------------------------|---|
|                               | Gallagher Bassett Services Inc PO Box 7410499   |
|                               | Chicago, IL 60674   |
| Electronic Funds              | If you would like to complete an ACH payment, please inform your GBTS Representative and provide a preferred contact number.  |
| Transfer (ACH                 | Representative and provide a preferred contact number.  |
| Payment)                      | An Accounting Department representative will reach out within one business day. As soon as payment has been posted a receipt will be emailed.   |
|                               |   |
|                               | If you would like to pay via Credit Card, please inform your GBTS Representative who  |
| Credit Card                   | will reach out in one business day.   |
| 0                             | A receipt will be emailed to you immediately following your transaction.  |
| Contact Accounting Department | Further Questions or concerns regarding your payment processing, reach out to the Accounting department at Finance@tscta.com.   |
|                               |   |
|                               |   |
|                               | Please review our refund policy on our website at:  |
|                               | https://www.tsctrainingacademy.com/refund-credit-policy/  |
|                               | Upon agreeing to this contract- you are agreeing to all policies and conditions.  |
| Disclaimer:                   | Conditions::  |
|                               | 1. GBTS requires 100% attendance to satisfy course requirements.  |
|                               | 2. Students must arrive no later then 30 minutes to be admitted into the class. Late  |
|                               | students will be rescheduled once.  |
|                               | <ul><li>3. Registrations made five (5) business days prior to class start date are final sale.</li><li>4. GBTS reserves the right to reschedule or cancel a course at any time.</li></ul> |
|                               |   |