

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 GBTS.**
2. *If courses were completed on-line via the GBTS 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) 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: [GBTS.com/sst-card-issuance](https://gbts.com/sst-card-issuance).

* Submit the completed form and copies of training certificates (as applicable) by email to GB.GBTSNYC.TrainingInfo@gbtpa.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 REQUEST AND PROCESSING FEE

☐ INITIAL REQUEST (\$60) ☐ UPGRADE (\$60) ☐ RENEWAL (\$60)

SECTION 3: TYPE OF SST CARD REQUESTED

☐ TEMPORARY (10/30HR OSHA) ☐ WORKER (40 SST CREDITS) ☐ SUPERVISOR (62 SST CREDITS)

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

☐ YES, TEMPORARY SST CARD ☐ YES, WORKER SST CARD ☐ YES, SUPERVISOR SST CARD

IF YES, WHAT IS YOUR SST CARD # _____

(Upgrade requests only)

SECTION 4: 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 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 GBTS's control, there is a \$25 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*: _____

INITIAL OR UPGRADE REQUEST

For verification of safety training completed with a provider other than Gallagher Bassett Technical Services (formerly TSC Training Academy or 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 GBTS 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-201/211/212	
<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
		SUB-TOTAL SST CREDITS			

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
		SUB-TOTAL SST CREDITS			

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	
		SUB-TOTAL SST CREDITS			

SST PRIOR EXPERIENCE EQUIVALENCE*:

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: _____

RENEWAL REQUEST

Based on the type of SST card you are renewing (Worker or Supervisor), please select from one of the Options below. After doing so, identify the courses you have taken to complete the NYC DOB SST Cardholder renewal requirements FOR THAT OPTION ONLY.

For training completed with GBTS, simply check the corresponding box(es). For training completed with other than GBTS, you must include copies of your course completion certificate(s) or card(s) with the completed form. **To be eligible for use, the training must have been completed no more than one year prior to the date of your renewal application.**

FULL (WORKER) SST CARD RENEWAL COURSES

COURSE PROVIDER ID #	VERIFY (Y/N)	COURSE ID #	DOB-PROVIDED
----------------------	--------------	-------------	--------------

OPTION 1

<input type="checkbox"/> 4HR FALL PREVENTION		SST-305	<input type="checkbox"/> B
<input type="checkbox"/> 4HR SUPPORTED SCAFFOLD USER & REFRESHER		SCA-201	

OPTION 2

<input type="checkbox"/> 4HR FALL PREVENTION		SST-305	<input type="checkbox"/> B
<input type="checkbox"/> 2HR PRE-TASK SAFETY MEETINGS		SST-303	<input type="checkbox"/> B
<input type="checkbox"/> 2HR TOOL BOX TALKS		SST-304	<input type="checkbox"/> B
SUB-TOTAL SST CREDITS			

SUPERVISOR SST CARD RENEWAL COURSES

COURSE PROVIDER ID #	VERIFY (Y/N)	COURSE ID #	DOB-PROVIDED
----------------------	--------------	-------------	--------------

OPTION 1

<input type="checkbox"/> 8HR FALL PREVENTION		SST-307	<input type="checkbox"/> B
<input type="checkbox"/> 4HR SUPPORTED SCAFFOLD USER & REFRESHER		SCA-201	
<input type="checkbox"/> 2HR PRE-TASK SAFETY MEETINGS		SST-303	<input type="checkbox"/> B
<input type="checkbox"/> 2HR TOOL BOX TALKS		SST-304	<input type="checkbox"/> B
SUB-TOTAL SST CREDITS			

OPTION 2

<input type="checkbox"/> 8HR FALL PREVENTION		SST-307	<input type="checkbox"/> B
<input type="checkbox"/> 8HR SSM REFRESHER (AND CHAP 33 REVIEW)		SAF-202	
SUB-TOTAL SST CREDITS			

OPTION 3

<input type="checkbox"/> 8HR SSM REFRESHER (AND CHAP 33 REVIEW)		SAF-202	
<input type="checkbox"/> 4HR FALL PREVENTION		SST-305	<input type="checkbox"/> B
<input type="checkbox"/> 2HR PRE-TASK SAFETY MEETINGS		SST-303	<input type="checkbox"/> B
<input type="checkbox"/> 2HR TOOL BOX TALKS		SST-304	<input type="checkbox"/> B
SUB-TOTAL SST CREDITS			

GBTS, 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.

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.

CHECK / MONEY ORDER <input type="checkbox"/>	Please mail a check or money order to the following address reference the invoice number or class number Gallagher Bassett Services Inc PO Box 7410499 Chicago, IL 60674
ELECTRONIC FUNDS TRANSFER (ACH PAYMENT) <input type="checkbox"/>	If you would like to complete an ACH payment, please inform your GBTS Representative and provide a preferred contact number. An Accounting Department representative will reach out within one business day. As soon as payment has been posted a receipt will be emailed.
CREDIT CARD <input type="checkbox"/>	If you would like to pay via Credit Card, please inform your GBTS Representative who will reach out in one business day. A receipt will be emailed to you immediately following your transaction.
CONTACT ACCOUNTING DEPRATMENT	Further Questions or concerns regarding your payment processing, reach out to the Accounting department at Finance@tscta.com.
DISCLAIMER	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. Conditions: <ol style="list-style-type: none"> 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. 3. Registrations made five (5) business days prior to class start date are final sale. 4. GBTS reserves the right to reschedule or cancel a course at any time.

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 GBTS 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 GBTS 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 GBTS'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