



**Qualification for New OSHA 510/500 Trainers**

Please Print

Last Name				First Name	Middle Name	Date
Street Address						Social Security No.
City		State	Zip Code	Telephone Number(s)		
Boilermaker Local	Boilermaker Hours		Attach detailed proof of Boilermaker field construction hours			

**Experience as:** ( Please estimate cumulative time in years you have spent in any of the following position)

Union Steward	_____ year(s)	Apprenticeship Trainer	_____ year(s)
Foreman	_____ year(s)	Supplemental Rigging Trainer	_____ year(s)
General Foreman	_____ year(s)	MOST Safety Person	_____ years(s)
Superintendent	_____ year(s)		
MOST Leadership Trainer	_____ year(s)		

**Education/Training:** ( Please indicate level of completion and attach copy of individual profile)

**Attach copy of individual profile**

Apprenticeship Training \_\_\_\_\_ year(s) level of completion

Project Management Training  Check if Attended

Boilermaker Leadership Training  Check if Attended

MOST 10 Hour Training  Check if Completed

MOST Scaffold Training  Check if Completed

MOST Steel Erection Training  Check if Completed

MOST 30 hour Training  Check if Completed

Supplemental Rigging Training  Check if Attended \_\_\_\_\_ modules

**Please list any other Construction Safety and Health Experience:**

**Signed Recommendation by at least ONE of the following:**

Business Manager: \_\_\_\_\_ Local #: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**EMAIL TO: [Bridget Connors bconnors@mostprograms.com](mailto:bconnors@mostprograms.com)**

include proof of hours and individual profile