

OSHA 503 - UPDATE FOR GENERAL INDUSTRY OUTREACH TRAINERS

COURSE PREREQUISITE AND EXPERIENCE REQUIREMENT ELIBILITY STATEMENT

Complete the form and sign. Return form by uploading it to our website, [click here](#). If you have any questions, please contact us at 1-800-449-6742.

Full Legal Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

I would like to register for the OSHA #503 class on: _____

Located at: _____

OSHA 503 Prerequisites

I have included the following documents:

Copy of current outreach trainer card

Note: On January 1, 2019, the 90-day grace period was eliminated. If your card is expired, OSHA 501 must be retaken. Additionally, if you have not taken the OSHA 511 standards course within the last 7 years, you will also be required to retake it.

PLEASE ANSWER QUESTIONS, SIGN AND DATE BELOW

Have you previously been subject to revocation, suspension, or probation by OSHA?

YES NO

If you responded yes above, please attach all OSHA correspondence related to the investigation.

I certify that the information I have included herein and submitted to the OTI Education Center is true and accurate. I understand that I will be subject to immediate dismissal from the OSHA Outreach Training Program if information provided herein is not true and correct. I further understand that providing false information herein may subject me to civil and criminal penalties under Federal law, including 18 U.S.C. 1001 and section 17(g) of the Occupational Safety and Health Act, 29 U.S.C. 666 (g), which provides criminal penalties for making false statements or representations in any document filed pursuant to that Act.

Signature: _____ Date: _____

OFFICE USE ONLY

Approved Not Approved

Approving Official Name

Approving Official Signature

If not approved, please indicate reason

- | | |
|--|--|
| <input type="checkbox"/> Applicant did not demonstrate completion of the prerequisite course within the previous seven years | <input type="checkbox"/> Applicant did not include transcripts |
| <input type="checkbox"/> Applicant did not demonstrate the required years of experience | <input type="checkbox"/> Applicant did not sign form |
| <input type="checkbox"/> Applicant did not submit proof of applicable certification or degree | |
| <input type="checkbox"/> Other (Please specify) | |