



Outreach Trainer Authorization Card Replacement Form

Outreach Trainer Courses: OSHA 500, OSHA 501, OSHA 502, OSHA 503, OSHA 5400, OSHA 5600

Trainer Name:		
Address:		
City:	State:	Zip:
Daytime Phone Number:		
Email Address:		
Trainer Original/Lost Card#:	Expiration Date:	
Name of Course:		
Dates of Course:		
Location of Course:		

Reason for request:

Outreach Trainer Signature: _____ Date _____

A \$25 replacement card fee is required. Once your request is approved, an email notification with instructions on how to make payment will be sent to the email address provided.

Please submit completed form to: oshacards@csudh.edu