

*OSHA 502 / 503 Authorized Outreach Trainer Update Form***COURSE PREREQUISITE & EXPERIENCE REQUIREMENT ELIGIBILITY STATEMENT**

Complete this form and sign. (E-signatures are acceptable. Please do not type your name in the signature box.) Submit form and required documentation to [oshaed@asu.edu](mailto:oshaed@asu.edu). If you have any questions please contact us at (480) 965-2425.

Full **Legal** Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Course Location: \_\_\_\_\_

**OSHA 502 Prerequisite:** Copy of current **Construction** outreach trainer card**OSHA 503 Prerequisite:** Copy of current **General Industry** outreach trainer card

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

**Please answer the questions below, sign, and date.**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 the Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Approving Authority Name: \_\_\_\_\_ Approving Authority Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Title: \_\_\_\_\_

Approved:  Not Approved:  Date: \_\_\_\_\_