



OSHA Outreach Trainer Update Course  
**COURSE PREREQUISITE VERIFICATION  
 FORM AND ELIGIBILITY STATEMENT**

**Submit completed form to:**

OSHA Training Center at Chabot-Las Positas Community College District

MAIL: 7600 Dublin Blvd., Suite 102A, Dublin, CA 94568

FAX: (925) 249-9367

EMAIL: [otc@clpccd.org](mailto:otc@clpccd.org)

*It is the responsibility of the applicant to ensure all course prerequisites have been met prior to enrolling in the course. Please submit copies of this completed and signed form and all necessary documentation for prerequisite courses to the authorized OTI Education Center listed above PRIOR TO ENROLLING IN THE COURSE. Registration is not permitted without approval. Questions? Call (866) 936-6742.*

**APPLICANT INFORMATION – Please type or print legibly**

Complete the form and sign. Fax form, and required documentation to (925) 249-9367 prior to the start of class. If you have any questions, please contact us at (866) 936-OSHA or by e-mail at [otc@clpccd.org](mailto:otc@clpccd.org).

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I am applying for:                      OSHA 502                      OSHA 503  
    OSHA 5029                      OSHA 5039

Class starting on: \_\_\_\_\_ Class Location: \_\_\_\_\_  
 (enter date - mm/dd/yyyy)

**Prerequisites**

I have completed the following prerequisite course.

- |                     |                         |
|---------------------|-------------------------|
| <u>Construction</u> | <u>General Industry</u> |
| OSHA 500            | OSHA 501                |
| OSHA 502            | OSHA 503                |
| OSHA 5109 (Cal)     | OSHA 5119 (Cal)         |
| OSHA 5029 (Cal)     | OSHA 5039 (Cal)         |

A copy of the trainer card must be provided. The expiration date must be before the end of the grace period.

**ACKNOWLEDGEMENT AND RELEASE**

**By signing below, I acknowledge that:**

- I have met all of the prerequisites to attend the course indicated above. I understand that making false or misleading claims will result in the revocation of my authorized outreach trainer status and may necessitate the inclusion of my name on a national list of revoked trainers.

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

*For office use only*

<input type="checkbox"/> OSHA 500/502 Card	Expiration Date:	<input type="checkbox"/> OSHA 5109/5029 Card	Expiration Date:	<input type="checkbox"/> Resume / Required Experience Verification
<input type="checkbox"/> OSHA 501/503 Card		<input type="checkbox"/> OSHA 5119/5039 Card		
OTIEC Provider:		OTIEC Provider:		