



SOUTH WEST SAFETY TRAINING ALLIANCE, INC.

STUDENT REGISTRATION FORM

PLEASE PRINT CLEARLY

Date: _____

Students Name: (Print) _____, _____
(Last Name) (First Name) (MI)

Social Security Number: XXX-XX-____ Date of Birth: ____ - ____ - ____ SSTA#. _____
(Last 4 Digits of SSN) Month Day Year (This # will be assigned by SSTA)

Address: _____ Unit/Apt#: _____

City/State/Zip: _____

Telephone #: (____) _____ Email: _____

I certify that the above information given is correct: _____
(Signature of Applicant)

PRESENT EMPLOYMENT

Craft or Trade and Job Title: _____
(Example: Electrical Journeyman, Carpenter Foreman, etc.)

Employer: _____

Address: _____ City/State/Zip: _____

Company Phone Number: ____ - ____ - ____

Training Record (This portion of the form is to be completed by Instructor).

Instructor Name: _____, _____
(Last Name) (First Name)

Instructor Phone #: ____ - ____ - ____

Training Location: _____ Date(s) of Training: _____

Check Training Course Delivered: SSTA 16 Hr. 1926 Course SSTA 8 Hr. 1926 Refresher Course
(Please check course box) SSTA 16 Hr. 1910 Course SSTA 8 Hr. 1910 Refresher Course

Instructor Signature: _____ Test Score: _____
(80% or Higher)

If training conducted in Spanish: (use Spanish Student Registration Form): Instructor Reviewed Test
(Check Box)

Checklist:

- ❖ Form is completely filled out.
- ❖ On Completion of Training: **Record and forward with \$75.00 registration fee (member companies) or \$150.00 registration fee (non-member companies) to:**

Southwest Safety Training Alliance, Inc.
Attn: **Marissa Evangelesta**
125 South 52nd Street Tempe, AZ 85281
Office: 480-829-0590 Email: marissa.e@no1hurt.org