



13. (A) Are you or have you been Insured: \_\_\_\_\_ If "YES" please complete the following (If Self-insured completes 14(b)) :

<u>Type of Insurance</u>	<u>Insuring Agency</u>	<u>Number</u>	<u>Expiration Date</u>
_____	_____	_____	_____

14. (B) If Self Insured:

<u>Type of Insurance</u>	<u>Amount of Insurance</u>	<u>Number</u>	<u>Expiration Date</u>
_____	_____	_____	_____

15. Are you or have you been bonded: \_\_\_\_\_ If "YES" please complete the following:

<u>Type of Bond</u>	<u>Bonding Agency</u>	<u>Number</u>	<u>Expiration Date</u>
_____	_____	_____	_____

I, \_\_\_\_\_ (type or print name) does solemnly affirm that the foregoing information completed by me, or submitted by or for me, for Approval purposes is true, complete, and correct to the best of my knowledge. Furthermore, should any part of the information herein provided prove to be false, it shall be just cause for the revocation of any Approval issued by the Southwest Safety Training Alliance Board of Directors.

(Signed) \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and affirmed before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_

State of \_\_\_\_\_

\_\_\_\_\_  
Name of Official

County of \_\_\_\_\_

\_\_\_\_\_  
Signature

Seal Affixed

Note: a notary public will administer this oath.

My commission Expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I certify that the above information given by me is true \_\_\_\_\_

(Signature of Applicant)

- **Checklist for applicant:**
- **Completed items #1 thru #11**
- **Completed items #12a thru #15.**
- **Signed Notary.**
- **Current Liability Insurance**

- **Current copy of OSHA 500 or 501 card**
- **Mail or email application and fee of \$150.00**

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