

## **INSTRUCTOR APPLICATION FORM**

Please email to kjcrawford@alaskasafetyalliance or fax application to Alaska SafetyAlliance office (907)770-5251

Name:		_ Date:
Company:		-
Company Address:		-
City: State:	Zip:	-
Phone:		
Business/Work	Business Fax	
Cellular/Mobile	Home	
E-mail Address:		-
<b>∢</b>		►
Cour	rses for Qualificatio	Ν
Check those for which you want qualify.		
Unescorted Program ("6-P	Pack" + $H_2S/FeS$ )	
Job-Specific Courses (User Level)		
Confined Space Entry	Energy Isolation	
Respiratory Protection	Fall Protection	

## SIGNATURE OF ENDORSER (DIRECT SUPERVISOR OR SPONSOR)

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I attest that this applicant is personally known to me. This applicant has relevant field safety, health, and environmental experience (\_\_\_\_\_\_\_ number of years) and has presentation/instruction experience (\_\_\_\_\_\_ number of years). This applicant is qualified to present technical safety information and answer technical safety questions from participants. I further attest that this applicant has neither significant technical safety deficiencies nor any deficiencies in professional ethics.

Endorsed by (print):	_ Signature:
Endorser Employer:	_ Date:
Endorser's E-mail:	Phone:

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## Experience

If your current resume includes this information, you may attach it instead of completing this section.

**Employer Companies:** 

North Slope / Alaska Work Experience:

**CURRENT CERTIFICATIONS / DEGREES:** 

Special HSE / Training Interests:

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## PRIMARY SAFETY SPECIALIY

(Check the one safety specialty that best describes your overall qualifications and indicate years of experience.)

~	Years	~	Years	<b>~</b>	Years
□ Occupational Safety		🔲 Industrial Hy	giene	General Safety	
☐ Fire Protection			Safety	□ No field safety	experience
Briefly describe your pract	ical field sa	afety experience:			
∢		Payment 1			
The total fee for Instructor Qu Fee, NSTC Instructor materia Environmental Field Handboo balance to be paid after atten Mastercard. Applicants are ex	<i>ls, NSTC cl</i> k. A non-re dance at In	<i>urriculum, Instructor</i> C fundable \$75 applicat structor Orientation. P	<i>Drientation and Qual</i> ion fee must accom ayment may be ma	<i>lification, and one set c</i> pany this application, v de by check, purchase	of the ASH and with the remaining order, VISA or
Instructor's Name:					_
Company:					_
P. O. #:	Please at	ttach a copy of the p	ourchase order.		_
Check. #:		nake checks payable			_
VISA or Mastercard #:		may be called in to			_
Expiration Month/Year:	CVC #:				_
Name on the card:	Contact #:				
Billing Address:	Address	, City, State, Zip C	ode		-
Signature:		d for credit card.			_