

# Site Safety Training (SST) Card Application Request Form



Please fill out the information below to request a Site Safety Training (SST) card. As ABCST must verify all training completed, please allow for 7 day for processing. Send your completed form and copies of training certificates (front and back) by email to [info@abc-safetytraining.com](mailto:info@abc-safetytraining.com). Should you have any questions, please contact us.

## Cardholder Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Title: \_\_\_\_\_ Business Affiliation: \_\_\_\_\_

I Identify My Gender As: \_\_\_\_\_

ABCST Student ID Number: \_\_\_\_\_

## Type of Card:

Limited SST Card  
(30 SST Credits)

Supervisor SST Card  
(62 Credits)

Full SST Card  
(40 SST Credits)

Temporary SST Card  
(40 SST Credits)

## Training Provider(s) and Pricing:

Completed **ALL** SST training with ABCST  
\$20

**PARTIAL / NO** SST training with ABCST  
\$75

## Receiving Your SST Card:

I will pick up my card in person

Mail my card to the address below.

Cards will be mailed by USPS. Once your application has been reviewed and approved, your card will be mailed within 5 business days. You will receive notification when your SST card has been issued.

Mailing Address:

\_\_\_\_\_ Apt./Floor

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

**OFFICE USE ONLY**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Copy of Picture ID       | <input type="checkbox"/> Copy Certification | <input type="checkbox"/> Student ID No. (Barcode): _____         |
| <input type="checkbox"/> Obtain Digital Signature | <input type="checkbox"/> Obtain Picture     | <input type="checkbox"/> Verified All Sections of Form Completed |

**Type of Training Completed**

In order to verify safety training completed with providers other than ABCST, send copies of training certificates or cards (front and back) with your completed forms. **Incomplete applications will not be processed.**

Please check all courses that apply and detail the issuing school. If applicable, list the equivalent course.

<b>OSHA COURSES</b>		<b>ISSUING TRAINER</b>	<b>OSHA CARD NUMBER</b>	<b>ISSUE DATE</b>
<input type="checkbox"/>	10-Hour OSHA Safety and Health Construction			
<input type="checkbox"/>	30-Hour OSHA Safety and Health Construction			

<b>SST PRESCRIBED COURSES</b>		<b>COURSE CODE</b>	<b>ISSUING SCHOOL</b>	<b>VERIFY</b>	<b>EQUIVALENT COURSE</b>
<input type="checkbox"/>	2-Hour Site Safety Plan (SSP)	SST-301			
<input type="checkbox"/>	2-Hour Drug and Alcohol Awareness	SST-302			
<input type="checkbox"/>	2-Hour Pre-Task Safety Meetings	SST-303			
<input type="checkbox"/>	2-Hour 'Tool Box' Talks	SST-304			
<input type="checkbox"/>	4-Hour Supported Scaffold	SST-306			
<input type="checkbox"/>	8-Hour Fall Prevention	SST-307			
<input type="checkbox"/>	8-Hour Chapter 33 (Site Safety Manager Refresher)	SST-401			

<b>SST GENERAL ELECTIVE COURSES</b>				
	<b>COURSE CODE</b>	<b>ISSUING SCHOOL</b>	<b>VERIFY</b>	<b>EQUIVALENT COURSE</b>
<input type="checkbox"/>	1-Hour Electrocutation Prevention	SST-102		
<input type="checkbox"/>	1-Hour Fire Protection and Prevention	SST-103		
<input type="checkbox"/>	1-Hour First Aid and CPR	SST-104		
<input type="checkbox"/>	1-Hour Handling Heavy Materials and Proper Lifting Techniques	SST-105		
<input type="checkbox"/>	1-Hour Hoisting and Rigging	SST-106		
<input type="checkbox"/>	1-Hour Materials Handling, Storage, Use and Disposal	SST-107		
<input type="checkbox"/>	1-Hour Protection from Sun Exposure	SST-108		
<input type="checkbox"/>	1-Hour Repetitive Motion Injuries	SST-109		
<input type="checkbox"/>	1-Hour Stairways and Ladders	SST-110		
<input type="checkbox"/>	1-Hour Tools – Hand and Power	SST-111		

<b>SST SPECIALIZED ELECTIVE COURSES</b>				
	<b>COURSE CODE</b>	<b>ISSUING SCHOOL</b>	<b>VERIFY</b>	<b>EQUIVALENT COURSE</b>
<input type="checkbox"/>	1-Hour Asbestos / Lead Awareness	SST-201		
<input type="checkbox"/>	1-Hour Confined Space Entry	SST-202		
<input type="checkbox"/>	1-Hour Concrete and Masonry Construction	SST-203		
<input type="checkbox"/>	1-Hour Cranes, Derricks, Hoists, Elevators, and Conveyors	SST-204		
<input type="checkbox"/>	1-Hour Demolition Safety	SST-205		
<input type="checkbox"/>	1-Hour Ergonomics	SST-206		
<input type="checkbox"/>	1-Hour Excavations	SST-207		
<input type="checkbox"/>	1-Hour Flag Person	SST-208		
<input type="checkbox"/>	1-Hour Job Hazard Analysis	SST-209		
<input type="checkbox"/>	1-Hour Personnel Lifts / Aerial Lifts / Scissor Lifts Safety	SST-210		
<input type="checkbox"/>	1-Hour Motor Vehicles, Mechanized Equipment and Marine Operations; Rollover Protective Structures and Overhead Protection; and Signs, Signals and Barricades	SST-211		
<input type="checkbox"/>	1-Hour Risk Assessment and Accident Investigation	SST-212		

<input type="checkbox"/>	1-Hour Scaffolds – Suspended	SST-213			
<input type="checkbox"/>	1-Hour Steel Erection	SST-214			
<input type="checkbox"/>	1-Hour Welding and Cutting	SST-215			
<input type="checkbox"/>	1-Hour Health and Safety Programs in Construction	SST-216			
<input type="checkbox"/>	2.5-Hour Foundations for Safety Leadership	SST-217			

# of SST Prescribed Credits	# of SST Specialized Credits	# of SST General Credits	# of DOB - Approved Credits	TOTAL SST CREDITS:
_____	_____	_____	_____	= _____

**Acknowledgement:**

I, \_\_\_\_\_ THE APPLICANT, CERTIFY ALL INFORMATION IS TRUE AND CORRET TO THE BEST OF MY KNOWLEDGE. I certify that I have successfully attended and completed all training described in this application. Original certification must be provided along with this completed form. Allow 5 business days for processing. If ABCST determines the training cannot be effectively verified, I acknowledge that I shall have no further interest, right or claim. If this application is approved, I hereby WAIVE LIABILITY AND RELEASE THE ABCST AND AFFILIATED COMPANIES FROM ANY AND ALL CLAIMS OF LIABILITY WHATSOEVER ARISING FROM, RELATING TO, OR IN CONNECTION WITH THE TRAINING OR SST CARD ISSUANCE. NO REFUNDS will be issued if application is denied. If applicant selects to have SST card mailed and should the SST card not be received due to an incomplete or inaccurate address provided, theft, or any other circumstances outside of ABCST’s control, the applicant shall be responsible for the \$5 reprint fee.

APPLICANT SIGNAUTE: \_\_\_\_\_ DATE: \_\_\_\_\_