



# PDH STAR SST Card Application Form

## 1.0 CARDHOLDER INFORMATION

LEGAL NAME: \_\_\_\_\_

TEL NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_ ft \_\_\_ in EYE COLOR: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

## 2.0 TYPE OF CARD REQUESTED

- LIMITED SST CARD (30 CREDITS)
- FULL SST CARD (40 CREDITS)
- TEMPORARY SST CARD (40 CREDITS)
- SUPERVISOR SST CARD (62 CREDITS)

## 3.0 TRAINING PROVIDER AND PRICING

- COMPLETED ALL TRAINING WITH PDH STAR \$50 (free with 10/22/32 Hr SST package)
- COMPLETED NO / PARTIAL TRAINING WITH PDH STAR \$50/\$75 (Site Safety/Supervisor SST)

### IMPORTANT INFORMATION

PDH STAR, as a NYC DOB approved SST course provider, is required to verify all training done outside of our organization, verify identity, address, height, and eye color for every SST card applicant prior to any card issuance. Before submitting your SST card application, please make sure your application is signed and includes your photo, and clear copies of your training certificates, ID, and, as appropriate, address.

SST card applications are processed in the order they are received, and typically take 7 business days to process. If you have done part of your training outside of PDH STAR, we cannot guarantee turnaround time for card processing, as reply times by other course providers vary.

Please review the DOB requirements for [ID and proof of address](#) and [your photo](#) on our web site, and make sure your documents comply with the requirements. In general, a valid New York State driving license or ID is sufficient for ID and address verification. If you are submitting an out of state driver's license, passport, or any other ID document, please review the requirements in the link above as you may need to submit a separate proof of address, in form of a utility bill or other official document, dated within the last 60 days.

By checking this box and signing below, I acknowledge that I have read the above statement, and agree to comply with the DOB requirements. Failure on my part to provide sufficient information and verifiable evidence of my training, ID and/or proof of address, may result in my SST card application to be denied. I confirm that the above provided information is true to the best of my knowledge.

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



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## 4.0 TRAINING VERIFICATION

For verification of training completed with other providers, you must submit a copy of your course completion certificate(s) or card(s) with the completed form. If your application is not complete it will not be processed. It is your responsibility to make sure that your application contains all the required information and documents. If you have completed your training with PDH STAR within the last 5 years a copy of the course certificate or card is not required.

**PLEASE CHECK THE BOX NEXT TO THE COMPLETED TRAINING COURSE**

**PLEASE INDICATE IF THE COURSE WAS COMPLETED WITH PDH STAR – IF NOT, YOU NEED TO SUBMIT A CERTIFICATE OF COMPLETION OR A TRAINING CARD TO BE VERIFIED BY PDH STAR**

## 4.1 COMPLETED TRAINING

OSHA 30 Construction Industry

OSHA 10 Construction Industry

Site Safety Training (SST) Prescribed Courses		
Course Code	Course Title	PDH STAR course?
<input type="checkbox"/> SST-301	2-Hour Site Safety Plan (SSP)	Yes No
<input type="checkbox"/> SST-302	2-Hour Drug and Alcohol Awareness	Yes No
<input type="checkbox"/> SST-303	2-Hour Pre-Task Meeting	Yes No
<input type="checkbox"/> SST-304	2-Hour Tool Box Talks	Yes No
<input type="checkbox"/> SCA-201	4-Hour Supported Scaffold User and Refresher	Yes No
<input type="checkbox"/> SST-307	8-Hour Fall Prevention	Yes No
<input type="checkbox"/> SAF-202	8-Hour Site Safety Manager Refresher/Chapter 33	Yes No

Site Safety Training (SST) General Elective Courses		
Course Code	Course Title	
<input type="checkbox"/> SST-102	1-Hour Electrocution Prevention	Yes No
<input type="checkbox"/> SST-103	1-Hour Fire Protection and Prevention	Yes No
<input type="checkbox"/> SST-104	1-Hour First Aid and CPR	Yes No
<input type="checkbox"/> SST-105	1-Hour Handling Heavy Materials and Proper Lifting Techniques	Yes No
<input type="checkbox"/> SST-106	1-Hour Hoisting and Rigging	Yes No
<input type="checkbox"/> SST-107	1-Hour Materials Handling, Storage, Use and Disposal	Yes No
<input type="checkbox"/> SST-108	1-Hour Protection From Sun Exposure	Yes No
<input type="checkbox"/> SST-109	1-Hour Repetitive Motion Injuries	Yes No



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<input type="checkbox"/>	SST-110	1-Hour Stairways and Ladders	Yes	No
<input type="checkbox"/>	SST-111	1-Hour Tools Hand and Power	Yes	No

<b>Site Safety Training (SST) Specialized Elective Courses</b>				
	<b>Course Code</b>	<b>Course Title</b>	<b>PDH STAR course?</b>	
<input type="checkbox"/>	SST-201	1-Hour Asbestos/Lead Awareness	Yes	No
<input type="checkbox"/>	SST-202	1-Hour Confined Space Entry	Yes	No
<input type="checkbox"/>	SST-203	1-Hour Concrete and Masonry Construction	Yes	No
<input type="checkbox"/>	SST-204	1-Hour Cranes, Derricks, Hoists, Elevators and Conveyors	Yes	No
<input type="checkbox"/>	SST-205	1-Hour Demolition Safety	Yes	No
<input type="checkbox"/>	SST-206	1-Hour Ergonomics	Yes	No
<input type="checkbox"/>	SST-207	1-Hour Excavations	Yes	No
<input type="checkbox"/>	SST-208	1-Hour Flag Person	Yes	No
<input type="checkbox"/>	SST-209	1-Hour Job Hazard Analysis	Yes	No
<input type="checkbox"/>	SST-210	1-Hour Personnel Lifts: Aerial Lifts, Scissor Lifts and Mobile Scaffolds	Yes	No
<input type="checkbox"/>	SST-211	1-Hour Motor Vehicles, Mechanized Equipment and Marine Operations; Rollover Protective Structures and Overhead Protection; and Signs, Signals and Barricades	Yes	No
<input type="checkbox"/>	SST-212	1-Hour Risk Assessment and Accident Investigation	Yes	No
<input type="checkbox"/>	SST-213	1-Hour Scaffolds-Suspended	Yes	No
<input type="checkbox"/>	SST-214	1-Hour Steel Erection	Yes	No
<input type="checkbox"/>	SST-215	1-Hour Welding and Cutting	Yes	No
<input type="checkbox"/>	SST-216	1-Hour Health and Safety Programs in Construction	Yes	No
<input type="checkbox"/>	SST-217	2.50-Hour Foundations for Safety Leadership	Yes	No



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DOB Approved Course Equivalents		
Course Code	Course Title	PDH STAR course?
<input type="checkbox"/> SAF-201	8 Hour Site Safety Manager Refresher	Yes No
<input type="checkbox"/> SAF-103	8 Hour Site Safety Coordinator	Yes No
<input type="checkbox"/> SAF-102	40 Hour Site Safety Manager	Yes No
<input type="checkbox"/> CRA-106	30 Hour Special Rigger	Yes No
<input type="checkbox"/> CRA-204	8 Hour Special Rigger Renewal	Yes No
<input type="checkbox"/> CRA-104	30 Hour Master Rigger	Yes No
<input type="checkbox"/> CRA-202	8 Hour Master Rigger Renewal	Yes No
<input type="checkbox"/> CRA-301	32 Hour Rigging Supervisor	Yes No
<input type="checkbox"/> CRA-401	16 Hour Rigging Supervisor Refresher	Yes No
<input type="checkbox"/> ELE-201	8 Hour Master & Special Electrician Renewal	Yes No
<input type="checkbox"/> CRA-103	16 Hour Rigging Worker	Yes No
<input type="checkbox"/> CRA-201	8 Hour Rigging Worker Refresher	Yes No
<input type="checkbox"/> SCA-102	32 Hour Supported Scaffold Installer/Remover	Yes No
<input type="checkbox"/> SCA-202	8 Hour Supported Scaffold Refresher	Yes No
<input type="checkbox"/> OSH4CONF	OSHA Awareness 4 Hour Confined Space	Yes No
<input type="checkbox"/> OSH4FALLP	OSHA Awareness 4 Hour Fall Protection	Yes No
<input type="checkbox"/> SCA-103	16 Hour Suspended Scaffold User	Yes No
<input type="checkbox"/> SCA-401	8 Hour Suspended Scaffold Supervisor Refresher	Yes No
<input type="checkbox"/> SCA-301	32 Hour Suspended Scaffold Supervisor	Yes No
<input type="checkbox"/> SCA-203	8 Hour Suspended Scaffold User Refresher	Yes No
<input type="checkbox"/> CON-301	30 Hour Concrete Safety Manager	Yes No
<input type="checkbox"/> CON-302	8 Hour Concrete Safety Manager Refresher	Yes No



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## ACKNOWLEDGEMENT

I, \_\_\_\_\_, certify that all information provided herein is true, correct and current to the best of my knowledge. I certify that I have attended and successfully completed all training listed on this application. Copies of original certificates / cards must be provided along with this completed form. If PDH STAR is unable to verify training taken elsewhere, I acknowledge that I shall have no further interest, right or claim. If the application is approved, I hereby waive all liability and release PDH STAR and its parent company from any and all claims of liability arising from or related to training or SST card issuance.

If the SST card application is denied there will be no refund issued. All cards are mailed via USPS to the address provided in Section 1.0 of this form. If the card is not received due to an incomplete or inaccurate address provided, theft, or any other circumstances outside of PDH STAR's control, the applicant shall be responsible for the \$25 reprint / mailing fee.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Picture ID | <input type="checkbox"/> Copy of Certification | <input type="checkbox"/> Student ID:          |
| <input type="checkbox"/> Signature  | <input type="checkbox"/> Picture               | <input type="checkbox"/> Form fully completed |

## FOR OFFICE USE ONLY

- |   |   |
|---|---|
| <input type="checkbox"/> SST CARD APPROVED<br>Date of Issuance: _____ | <input type="checkbox"/> SST CARD DENIED<br>Processed by: _____ |
|---|---|

**SST CARD NUMBER: 6M8ABCD001**

- |   |  |
|---|--|
| <input type="checkbox"/> Limited SST Card (30 SST Credits)    | <input type="checkbox"/> Site Safety SST Card (40 SST Credits) |
| <input type="checkbox"/> Supervisor SST Card (62 SST Credits) | <input type="checkbox"/> Temporary SST Card (40 SST Credits)   |

## IDENTITY VERIFICATION

- |   |  |
|---|--|
| <input type="checkbox"/> Proof of Identity<br>Type: _____ Points: _____ | <input type="checkbox"/> Proof of Address<br>Type: _____ Points: _____ |
|---|--|

TOTAL POINTS: \_\_\_\_\_

- ID OK

Notes: