



Not-For-Profit Course Provider Application

(Application must be typewritten)

1	Course Provider Information <i>Provider must provide official business information:</i>
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Business Name _____ Business Telephone _____

Business Address _____ Business Fax _____

City _____ State _____ Zip _____ Website _____

1A	Application Type	Provider ID No. (for current providers)
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☐ New ☐ Course Addition

2	Applicant Information
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Last Name _____ First Name _____ Middle Initial _____ Phone _____

Business Title _____ Email Address _____

2	Point of Contact Information
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Last Name _____ First Name _____ Middle Initial _____ Phone _____

Business Title _____ Email Address _____

3	Provider Document Submission: <i>Provider must provide all items:</i>
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- ☐ Articles of Incorporation
- ☐ IRS Determination Letter
- ☐ A recently signed & submitted IRS Form 990, Form 990-EZ or Form 990-N

4	Department Developed Site Safety Training (SST) Courses <i>Use this section to list all Courses for which you are requesting approval (Only select course(s) you are not yet approved to deliver)</i>
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Site Safety Training (SST) Prescribed Courses

- ☐ 2-Hour Drug and Alcohol Awareness
- ☐ 2-Hour Pre-Task Meeting
- ☐ 2-Hour Site Safety Plan (SSP)
- ☐ 2-Hour Tool Box Talks
- ☐ 4-Hour Fall Prevention
- ☐ 4-Hour Supported Scaffold User and Refresher
- ☐ 8-Hour Fall Prevention
- ☐ 8-Hour Site Safety

Site Safety Training (SST) General Elective Courses

- ☐ 1-Hour Electrocutation Prevention
- ☐ 1-Hour Handling Heavy Materials and Proper Lifting Techniques
- ☐ 1-Hour Protection From Sun Exposure

Site Safety Training (SST) Specialized Elective Courses

- ☐ 1-Hour Asbestos/Lead Awareness
- ☐ 1-Hour Confined Space Entry
- ☐ 1-Hour Ergonomics
- ☐ 1-Hour Health and Safety Programs in Construction
- ☐ 1-Hour Job Hazard Analysis

5a	Course Provider Statement
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I hereby state that as a condition to having the checked course(s) approved, I attest that as the course provider, I must comply with all applicable laws, Department rules, regulations and directives governing Department approved courses. I will ensure that any of the checked courses required will be taught in accordance with the most current NYC DOB Department approved course requirements as posted on the Department's website. I understand that any code or rule violations including failure to adhere to approved course requirements may result in the Department's revocation of its approval for any and all courses.

I attest that that the applicant is a not-for-profit entity. I further attest that the applicant has a history of at least three years of experience in providing construction-related workforce development, construction-related education or site safety training, which may be demonstrated by submitting training logs to the department or in a form and manner otherwise determined by the Department.

NOTICE: Once approved you will receive an approval letter, you will be posted on the Department Approved Course Providers List and you will receive access to NYCDOB Training Connect.

5b	Notarization and Signature
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Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment, fine, or both.

Name (type):	State of New York, County of:	Notary Seal
Owner's Signature	Sworn to before me this day of 20	
Date	Notary Signature	

Internal Use Only	
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Date reviewed _____ Reviewed by _____ ☐ Accepted ☐ Rejected