



Southwest Safety Training Alliance
4720 E. Cotton Gin Loop, Suite 105
Phoenix, AZ 85040
480-829-0580

Student Registration Form

Date _____

Please be sure to let your instructor know if you have already taken this class.

1. Students Name: (Print) _____, _____ MI
Last Name First Name
2. Social Security Number: last 4 **XXX - XX -** _____ 3. SSTA Identification Number: _____
(This number will be assigned by the SSTA)
4. Address: (Print) Street _____ Unit/Apt# _____
City: _____ State: _____ Zip: _____ Home Phone: ____/____/____
5. Craft or Trade and Job Title: _____
(An example would be electrical journeyman, carpenter foreman, equipment repair etc.)
6. Company, contractor or vendor for which you work: _____
Address: Street: _____ City: _____ State: _____ Zip: _____
Company Phone number: ____/____/____ Student Signature: _____

Training Record (This portion of the form is to be filled out by Instructor)

Instructors Name: Mushet _____, Kenneth _____
Last Name First Name

Instructors Phone Number: 480/883-7218 Instructor Fax Number: 866/744-5325

Course(s) Delivered: __SSTA_____ Hours: _____

Location of Training: Online - www.shesolutions.com _____ Date(s) of Training: _____

Instructors Signature: _____ **Test Score:** _____

Checklist for applicant and Instructor:

- A. Completed items #1 thru #6.
- B. **On Completion of Training, Record and forward with \$15.00 registration fee (member companies) or \$50.00 registration fee (non-member companies) to:**

Executive Director
Southwest Safety Training Alliance
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