



**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)
3. Address: (Print) Street \_\_\_\_\_ Unit/Apt# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Email Address: \_\_\_\_\_  
(Receive renewal notice 90 days before your card expires)
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: \_\_\_\_\_

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

Instructors Name: \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

Instructors Phone Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Instructor Fax Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Course(s) Delivered: \_\_\_\_\_ Hours: \_\_\_\_\_

Location of Training: \_\_\_\_\_ Date(s) of Training: \_\_\_\_\_

Instructors Signature: \_\_\_\_\_ **Test Score:** \_\_\_\_\_

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Checklist for applicant and Instructor:

- A. Completed items #1 thru #6.
- B. On Completion of Training, Record and forward with \$75.00 registration fee (member companies) or \$150.00 registration fee (non-member companies) to:

Marissa Evangelesta  
Southwest Safety Training Alliance  
4720 E. Cotton Gin Loop Suite 105  
Phoenix, AZ 85040  
480-829-0580  
602-325-3521  
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