



OSHA OUTREACH TRAINER

Lost Card Request Form

Date: _____

Trainers Name: _____

I.D. #: _____ Phone # _____

Address: _____

Student's Name: _____

Indicate Type of Course

10-Hour Construction

30-Hour Construction

10-Hour General Industry

30-Hour General Industry

Date of Course: _____

There is a \$25 fee for lost or stolen student cards.

Indicate Type of Payment (Visa, MasterCard, American Express and Discover):

Card # _____ Exp. Date: _____ Code# _____

Check made out to Mid-America OSHA Education Center: # _____

Fax to: 937-704-9394/ email to: Shirley@midamericaosha.org

Mail to: Mid-America OSHA Education Center • 33 Greenwood Lane • Springboro, OH 45066