

**RECOGNIZED INSTRUCTOR APPLICATION**

**SECTION I**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

NAXSA requires at least 1 year of shoring/trench safety experience for application consideration.

**SECTION II Membership Status – Applicant must be a member to apply.**

Membership Category:  Member  Associate Member  
 Continuing Member  Industry Affiliate Member  Government Agency Member

**SECTION III Submissions**

Please submit the following:

- A. A copy of the applicant’s certificate for the OSHA 30-HR construction Safety Course or OSHA 510 Occupational Safety and Health Standards for Construction Industry Training Course.
- B. Three signed reference letters (Appendix A).
- C. Industry-experience resume (Appendix B) indicating one year of shoring and trench safety experience.
- D. Safety Training experience documentation (Appendix C).
- E. Submission of 30-minute video clip of applicant teaching a course. The review board will evaluate professionalism, communication skills, and effective of audio visual equipment.

**SECTION IV Code of Ethics**

1. Instructors, while operating under the NAXSA-approved Instructor Program, shall be guided in all their relations by the highest standards of integrity.
2. Instructors shall not accept offers of, nor engage in other activities, which might be to the detriment of NAXSA, or might be in conflict with its instructor and Training Program objectives.
3. Instructors shall avoid any act tending to promote their own interest and/or the interest of their company at the expense of the dignity and integrity of other NAXSA Instructors, the members of NAXSA, or the NAXSA organization as a whole.
4. Instructors shall not disclose confidential information concerning the business affairs or technical processes of NAXSA without prior written consent from NAXSA.
5. Instructors shall not be influenced in their professional instructional duties by any interests that conflict with those of NAXSA.
6. Instructors shall not attempt to gain personal favor by untruthfully criticizing other NAXSA Instructors or NAXSA, or by using improper or questionable methods. Nor shall an Instructor attempt to injure, maliciously or falsely, directly or indirectly, the professional reputation, prospects, practice or employment of other instructors, or their work.
7. Instructors shall cooperate in extending the effectiveness of the Instructor cadre of NAXSA by interchanging information and experience with other Instructors and with the NAXSA professional staff.

**SECTION V Certification**

Renewal is required every 3 years by completing a Renewal Application Form, Providing Verification of at least 12 6+ hour courses taught during that time period, and paying the Renewal Fee.

I hereby certify that the information provided in this application is true and correct. I understand that any falsifications may disqualify me from becoming a NAXSA Recognized Instructor.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
\*SIGNATURE & DATE

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**SECTION VI Payment**

The application processing fee is \$750.00. You can include a check made payable to NAXSA or pay by credit card.

Amount: \_\_\_\_\_ Check#: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

NAXSA is hereby authorized to charge the credit card listed below as an application processing fee.

Card Type:  VISA  MasterCard  American Express

Card Number: \_\_\_\_\_ EXP: \_\_\_\_\_ / \_\_\_\_\_ SID: \_\_\_\_\_

Cardholder Name (Printed): \_\_\_\_\_

Billing Address (City, ST, Zip): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*Thank you for training with NAXSA!*



**APPENDIX A**

**NAXSA Recognized Instructor**

**LETTER OF RECOMMENDATION**

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**DATE:**    \_\_\_/\_\_\_/\_\_\_

**TO:**        NASXA Safety Committee

**FROM:**     \_\_\_\_\_

**SUBJECT: RECOMMENDATION FOR** \_\_\_\_\_

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This is to certify that I have taken one or more safety training classes on SUB Part P from the person named above and have known him/her for \_\_\_\_\_ years. This person is professional, a good communicator, and very helpful with shoring related safety issues. I highly recommend him/her to NAXSA to become a recognized Instructor.

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**PRINT NAME & TITLE**

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**SIGNATURE & DATE**

(    )        - \_\_\_\_\_

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**EMAIL ADDRESS**

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**PHONE**

**APPENDIX B**

**NAXSA Recognized Instructor  
INDUSTRY EXPERIENCE RESUME**

**APPLICANT'S NAME (FIRST, LAST):** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EXPERIENCE**

<b>COMPANY</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
____ / ____ / ____	_____	_____	_____	_____
<b>DATES FROM</b>	<b>TO</b>	<b>SUPERVISOR</b>	<b>PHONE</b>	
____ / ____ / ____	____ / ____ / ____	_____	( ____ ) _____	-
<b>JOB DESCRIPTION</b>				

<b>COMPANY</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
____ / ____ / ____	_____	_____	_____	_____
<b>DATES FROM</b>	<b>TO</b>	<b>SUPERVISOR</b>	<b>PHONE</b>	
____ / ____ / ____	____ / ____ / ____	_____	( ____ ) _____	-
<b>JOB DESCRIPTION</b>				

<b>COMPANY</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
____ / ____ / ____	_____	_____	_____	_____
<b>DATES FROM</b>	<b>TO</b>	<b>SUPERVISOR</b>	<b>PHONE</b>	
____ / ____ / ____	____ / ____ / ____	_____	( ____ ) _____	-
<b>JOB DESCRIPTION</b>				

<b>COMPANY</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
____ / ____ / ____	_____	_____	_____	_____
<b>DATES FROM</b>	<b>TO</b>	<b>SUPERVISOR</b>	<b>PHONE</b>	
____ / ____ / ____	____ / ____ / ____	_____	( ____ ) _____	-
<b>JOB DESCRIPTION</b>				

**COMMENTS OR ADDITIONAL EXPERIENCE**

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**APPENDIX C**

**NAXSA Recognized Instructor**

**SAFETY TRAINING EXPERIENCE**

**APPLICANT'S NAME (FIRST, LAST):** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant must have taught 25 6-hour long training course and/or 200 hours of safety training experience.**

**OPTION A)** On a separate sheet, please provide the following:

- i. Date
- ii. Sponsoring Organization
- iii. Subject matter
- iv. Length of Course
- v. Contact Information

**OPTION B)** If training records are unavailable, please provide the following:

- vi. 5 Additional reference letters (see APPENDIX A) from different companies.
- vii. Certification from your company's Owner, President or their Designee, as follows:

I hereby certify that the applicant listed above has taught at least 25 6-hour long training courses and/or has 200 hours of safety training experience.

\_\_\_\_\_  
**PRINT NAME & TITLE**

\_\_\_\_\_  
**\*SIGNATURE & DATE**

*\*Must be signed by Company Owner, President or their Designee.*