

**RECOGNIZED TRAINING PROGRAM APPLICATION**

**SECTION I Contact Information**

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

**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 Recognized Instructors**

Only **Recognized Instructors** may facilitate **NAXSA Recognized Training Programs**. You must have at least one **Recognized Instructor** for the application to be approved. Please list one or more of your company's **NAXSA Recognized Instructors**:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**SECTION IV Submissions**

The goal is for the Review Committee to get enough information to ensure that your training class meets NAXSA requirements. PLEASE COMPLETE ONE OF THE FOLLOWING TWO OPTIONS.

**OPTION A)** Submissions to include the following for review and approval by NAXSA Training Committee:

Training Manual  Classroom Handouts  Wallet cards/certificates  
 Exam/s  Instructor Manual  Presentation (PowerPoint)

**SECTION V Code of Ethics**

Please have your Recognized Instructors review, sign, date and return the 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 VI 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 and materials provided for this application are true and correct.

- A. The training course is 6 hours long.
- B. The training program covers all of OSHA Subpart P, including the role and responsibilities of the Competent Person, general requirements, soils and all shoring and shielding options.
- C. That only NAXSA RECOGNIZED INSTRUCTORS may facilitate NAXSA RECOGNIZED TRAINING PROGRAMS.
- D. That all NAXSA RECOGNIZED INSTRUCTORS will follow the Code of Ethics.

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

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

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

**SECTION VII Payment**

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

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

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**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: \_\_\_\_\_

Cardholder Name (Printed): \_\_\_\_\_ EXP: \_\_\_\_\_ / \_\_\_\_\_ SID: \_\_\_\_\_

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

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

*Thank you for training with NAXSA*