

PLEASE COMPLETE IN FULL
MAIL OR FAX TO:
**LABOR CABINET
OSH EDUCATION AND TRAINING
1047 US 127 SOUTH, STE 4
FRANKFORT, KY 40601
FAX: (502) 564-4769**

Request for Occupational Safety and Health Training

REQUESTING PARTY

NAME:

TITLE:

COMPANY NAME:

MAILING STREET:

MAILING CITY:

ZIP:

EMAIL:

TELEPHONE:

NUMBER OF EMPLOYEES:

NAICS CODE:

REQUESTING COURSE SUBJECT(S)

ANTICIPATED LOCATION OF COURSE(S)

LOCATION:

STREET:

CITY:

1.

2.

APPROXIMATE NUMBER OF STUDENTS: LOCATION 1.

LOCATION 2.

OTHER PERTINENT INFORMATION

Check here to certify that you are authorized by your employer to request training from the Kentucky Labor Cabinet, OSH Education and Training

Date:

Type Name:

Position Title:

