

**STATE OF CALIFORNIA**  
**Department of Industrial Relations**  
**Division of Occupational Safety and Health**

Certification No. \_\_\_\_\_

M&T District 1 (North) 2424 Arden Way, Suite 125 Sacramento, CA 95825-2400 (916) 574-2540	M&T District 2 (Central) 6150 Van Nuys Blvd, Suite 310 Van Nuys, CA 91401-3333 (818) 901-5420	M&T District 3 (South) 464 W. Fourth St., Suite 354 San Bernardino, CA 92401-1442 (909) 383-6782
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**SAFETY REPRESENTATIVE / GAS TESTER APPLICATION**

Name of Applicant \_\_\_\_\_

Home Address\* \_\_\_\_\_

Home Phone\* (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Company's Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_

Applicant's Description: Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Color Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Sex \_\_\_\_\_

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

1. Have you taken this Certificate Examination in California? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever had this Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, Type of Certificate: \_\_\_\_\_ Certificate No. \_\_\_\_\_
3. Have you ever had this Certificate revoked in California? Yes \_\_\_\_\_ No \_\_\_\_\_

**TYPE OF CERTIFICATION REQUESTED:** Safety Representative \_\_\_\_\_ Gas Tester \_\_\_\_\_

- |  |                              |
|--|------------------------------|
| _____ (A) Underground Mining and Tunneling | _____ (D) Pipejacking/Boring |
| _____ (B) Tunneling                        | _____ (E) Limited            |
| _____ (C) Underground Mining               |                              |

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**The application fee is \$15.00 for the Certification and \$15.00 for renewals. Make checks or money orders payable to the "State of California."**

Applicant must appear in person to be certified. A Certification will be issued only to persons possessing sufficient knowledge and experience to perform the respective duties. The Certification will be issued after the Applicant has passed the examination and a qualification check has been made to determine the Applicant's qualifications.

Labor Code, Section 8003. Violation of regulations, rules, orders, or special orders adopted by the Board or Division as a condition of Certification shall be punishable by suspension or revocation of Certification unless such violation is responsible for death or injury to employees, in which case it shall be punishable as a misdemeanor.

***\*If you want your certificate sent to your business, home address is not required, and home phone is optional.***

***\*Do you want to have personal information released to potential employers?***  Yes  No

## UNDERGROUND EXPERIENCE

(Use additional sheets if necessary)

At least one year of qualifying experience is required for Gas Tester applicants, and at least two years of qualifying experience is required for Safety Representative applicants. Please list your qualifying experience.

**Employer** \_\_\_\_\_ Your Position \_\_\_\_\_  
Address \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ to (Mo./Yr.) \_\_\_\_\_  
Job duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Employer** \_\_\_\_\_ Your Position \_\_\_\_\_  
Address \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ to (Mo./Yr.) \_\_\_\_\_  
Job duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Employer** \_\_\_\_\_ Your Position \_\_\_\_\_  
Address \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ to (Mo./Yr.) \_\_\_\_\_  
Job duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Employer** \_\_\_\_\_ Your Position \_\_\_\_\_  
Address \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ to (Mo./Yr.) \_\_\_\_\_  
Job duties \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone No. \_\_\_\_\_

Additional qualifying education, training, seminars, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other States' Licenses or Certificates, if any \_\_\_\_\_  
\_\_\_\_\_

**I hereby certify under penalty of perjury that the information on this application is true and correct.**

Date \_\_\_\_\_ Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_ Approved for exam by \_\_\_\_\_

# **ATTACHMENT**

**Cal/OSHA - W-1 Form**

# Cal/OSHA – W – 1

## STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS FOR STATE PUBLIC BENEFITS

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Print Name of Applicant

Date

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Print Name of Person Acting for Applicant, if any

Relationship to Applicant

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### State Public Benefits to Citizen and Aliens

Citizens and nationals of the United States, who meet all eligibility requirements for the benefits described in subsection 344.85 (b)(1)-(b)(6), must fill out Sections A and D.

Aliens, who meet all eligibility requirements for the benefits, as described in subsection 344.85 (b)(1)-(b)(6), must complete SECTIONS A, B, C, and D of this form.

### Section A: Citizenship/Immigration Status Declaration

1. Is the applicant a citizen or national of the United States?      Yes       No

If the answer to the above question is yes, where was he/she born?

\_\_\_\_\_

(City/State)

2. To establish citizenship or nationality, please submit one of the documents on List A (attached hereto) which is legible and unaltered to establish proof.

***IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D.***

***IF YOU ARE AN ALIEN, PLEASE COMPLETE SECTION B, OR IF APPLICABLE, SECTION C.***

### Section B: Alien Status Declaration

**IMPORTANT:** Please indicate the applicant’s alien status below, and submit documents evidencing such status. The alien status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to aliens in those categories. You can provide other acceptable evidence of your alien status even if not listed below.

1. An alien lawfully admitted for permanent resident under the Immigration and Naturalization Act (INA). Evidence includes: 
  - INS Form 1-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
  - Unexpired Temporary 1-551 stamp in foreign passport or on INS Form 1-94
  
2. An alien who is granted asylum under section 208 of the INA. Evidence includes: 
  - INS Form 1-94 annotated with stamp showing grant of asylum under section 208 of the INA;
  - INS Form 1-688B (Employment Authorization Card) annotated “274a. 12(a)(5)”;
  - INS Form 1-766 (Employment Authorization Document) annotated “A5”;
  - Grant letter from the Asylum Office of INS; or
  - Order of an immigration judge granting asylum.
  
3. A refugee admitted to the United States under section 207 of the INA. Evidence includes: 
  - INS Form 1-94 annotated with the stamp showing admission under section 207 of the INA;
  - INS Form 1-688B (Employment Authorization Card) annotated “274a 12(a)(3)”;
  - INS Form 1-766 (Employment Authorization Document) annotated “A3”; or
  - INS Form 1-571 (Refugee Travel Document).
  
4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes: 
  - INS Form 1-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect immediately prior to September 30, 1998) or Section 241 (b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
- **INS Form 1-688B (Employment Authorization Card) annotated “274a.12(a)(10)”;**
  - INS Form 1-766 (Employment Authorization Document) annotated “A10”, or
  - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
6. An alien who is granted conditional entry under section 203(A)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
- INS Form 1-94 with stamp showing admission under section 203(a)(7) of the INA;
  - INS Form 1-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
  - INS Form 1-766 (Employment Authorization Document) annotated “A3.”
7. An alien who is Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form 1-551 (Alien Registration Receipt Card, commonly known as “green card”) with the code CU6, CU7, or CH6;
  - Unexpired temporary 1-551 stamp in foreign passport or on INS Form) 1-94 with the code CU6 or CU7; or
  - INS Form 1-94 with stamp showing parole as “Cuban/Haitian Entrant” under section 212(d)(5) of the INA.
8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form 1-94 showing statuses.)
9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a non-immigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form 1-94 showing this status.)

**SECTION C: Declaration for Battered Aliens**

**Important:** Complete this section if the applicant, the applicant’s child or the applicant child’s parent has been battered or subjected to extreme cruelty in the United States.

- 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant’s child, or the applicant’s child’s parent under the INA or found that a pending petition sets forth a prima facie case? Evidence includes one of the documents on List B (attached hereto).
  
- 2. Has the applicant, the applicant’s child, or the applicant child’s parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse’s or parent’s family member living in the same house (where the spouse or parent consented to, or acquiesced in the battery or cruelty)?

**SECTION D:**

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Acting for Applicant

\_\_\_\_\_  
Date