State of California
Department of Industrial Relation - Division of Occupational Safety and Health
Permanent Amusement Ride Section

QSI Course Provider Application

Date: _____

Name(s) of the training course offered by the program: _____

_____

_____

_____ ( ) _____ ext. _____
Contact person Title Telephone

_____
e-mail address other phone number

_____
Business name and address

_____

_____
City Zip

- ☐ Course syllabus and contact hours as described by 344.11(3) attached.
- ☐ QSI continuing education training syllabus meeting the requirements of 344.10(e) attached. ☐ N/A
- ☐ Statement of NDT training hours attached. ☐ N/A
- ☐ Instructor curriculum vitae
- ☐ Course content current
- ☐ Full attendance required
- ☐ Testing method for QSI provided
- ☐ Certificate of Completion provided

Office use only

_____
Course provider approved Date

_____
James L. Borwey
Senior Engineer
PAR Certification Section

I hereby certify that the information provided with and on this application is true and correct to the best of the applicant's knowledge.

_____
Applicant or contact persons signature

Return application to:
State of California
DIR-DOSH / PAR Certification Section
2424 Arden Way, Suite 340
Sacramento, CA 95825