

State of California
Department of Industrial Relation - Division of Occupational Safety and
Health
Certification Program



QSI Course Provider Application

Date: _____

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

_____ () _____ ext.

_____ E-mail address _____ other phone number

_____ Business name and address

_____ City _____ Date _____ 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 (may be coordinated with the Division)
- Certificate of Completion provided

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 person's signature

Return Application to:
State of California
Amusement Ride and Tramway Unit
Certification Section
1750 Howe Ave, Suite 300
Sacramento, CA 95825
Ph. (916) 274-5709
Fax (916) 263-1957