

TRAINING REGISTRATION FORM

Step 1: Choose a class (one class per registration form)

Please note: NextWave Safety Solutions, Inc. offers customizable training programs to fit our client's specific needs as well as many other New York City Department of Buildings approved courses available upon request. If you need a class not listed below, please contact the office.

SITE SAFETY TRAINING <ul style="list-style-type: none"> <input type="checkbox"/> 8-Hour Fall Prevention <input type="checkbox"/> 8-Hour Chapter 33 / SSM Refresher <input type="checkbox"/> 2-Hour Drug & Alcohol Awareness <input type="checkbox"/> 2-Hour Pre-Task Meeting <input type="checkbox"/> 2-Hour Site Safety Plan <input type="checkbox"/> 2-Hour Toolbox Talks Refresher <input type="checkbox"/> 1-Hour General Electives <input type="checkbox"/> 1-Hour Specialized Electives SST BUNDLED PROGRAMS <ul style="list-style-type: none"> <input type="checkbox"/> 32-Hour Supervisor SST Bundle <input type="checkbox"/> 10-Hour Worker SST Bundle <input type="checkbox"/> 6-Hour Supervisor SST Bundle <input type="checkbox"/> 4-Hour Electives Bundle <input type="checkbox"/> Custom Bundle 	NYC DEPT OF BUILDINGS <ul style="list-style-type: none"> <input type="checkbox"/> 40-Hour Site Safety Manager <input type="checkbox"/> 8-Hour Site Safety Coordinator <input type="checkbox"/> 8-Hour Site Safety Manager CONCRETE SAFETY <ul style="list-style-type: none"> <input type="checkbox"/> 30-Hour Concrete Safety Manager <input type="checkbox"/> 8-Hour Concrete Safety Manager Refresher OSHA <ul style="list-style-type: none"> <input type="checkbox"/> 10-Hour OSHA Construction Safety & Health <input type="checkbox"/> 30-Hour OSHA Construction Safety & Health <input type="checkbox"/> 10-Hour OSHA General Industry <input type="checkbox"/> 30-Hour OSHA General Industry <input type="checkbox"/> 2-Hour Silica Awareness <input type="checkbox"/> 4-Hour Scissor/Aerial Lift Safety <input type="checkbox"/> 24-Hour HAZWOPER <input type="checkbox"/> 40-Hour HAZWOPER 	CRANES & DERRICK COURSE <ul style="list-style-type: none"> <input type="checkbox"/> 4-Hour Mast Climber User & Operator <input type="checkbox"/> 16-Hour Rigging Worker <input type="checkbox"/> 8-Hour Rigging Worker Refresher <input type="checkbox"/> 32-Hour Rigging Supervisor <input type="checkbox"/> 16-Hour Rigging Supervisor Refresher <input type="checkbox"/> 30-Hour Master Rigger <input type="checkbox"/> 8-Hour Master Rigger Renewal <input type="checkbox"/> 30-Hour Climber/Tower Crane Rigger <input type="checkbox"/> 8-Hour Climber/Tower Crane Rigger Renewal <input type="checkbox"/> 30-Hour Special Rigger <input type="checkbox"/> 8-Hour Special Rigger Renewal <input type="checkbox"/> 40-Hour Hoist Machine Operator (Class A, B, & C) FDNY - FIRE SAFETY <ul style="list-style-type: none"> <input type="checkbox"/> Fire Safety Director <input type="checkbox"/> Emergency Action Plan Director <input type="checkbox"/> Construction Site Fire Safety Manager S-56 	SUPPORTED SCAFFOLD <ul style="list-style-type: none"> <input type="checkbox"/> 32-Hour Supported Scaffold Installer/Remover <input type="checkbox"/> 8-Hour Supported Scaffold Installer/Remover Refresher <input type="checkbox"/> 4-Hour Supported Scaffold User & Refresher SUSPENDED SCAFFOLD <ul style="list-style-type: none"> <input type="checkbox"/> 32-Hour Suspended Scaffold Supervisor <input type="checkbox"/> 16-Hour Suspended Scaffold User <input type="checkbox"/> 8-Hour Suspended Scaffold Supervisor Refresher <input type="checkbox"/> 8-Hour Suspended Scaffold User Refresher DEPT OF TRANS (DOT) <ul style="list-style-type: none"> <input type="checkbox"/> 4-Hour Flagger <input type="checkbox"/> 8-Hour Certified Signalman
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Step 2: Choose a date and location

Course Instructor: _____ Date: _____	(SST PURPOSES ONLY) Type of Card Printed: <ul style="list-style-type: none"> <input type="checkbox"/> Limited SST Card (30 credits) <input type="checkbox"/> Worker SST Card (40 Credits) <input type="checkbox"/> Supervisor SST Card (62 Credits)
Location: <ul style="list-style-type: none"> <input type="checkbox"/> NextWave Safety Solution's Main Office 76 Beaver Street, 15th Fl., New York, NY 10005 <input type="checkbox"/> OTHER: _____ 	Card Information: OSHA Number: _____ Issue Date: _____ Trainer: _____ <p style="text-align: center;">OR</p> SST ID Number: _____

Step 3: Student Information (PLEASE PRINT)

First Name: _____ Last Name: _____	Date of Birth (MM/DD/YY) / /	Height: <div style="display: flex; justify-content: space-between;"> Feet Inches </div>
Address: _____		Eye Color: _____
City: _____	State: _____	Zip Code: _____
Phone: _____	Email: _____	

By my signature, I agree to the conditions of this agreement. I also verify that I have read and received a copy of the agreement and the school catalog.

Student Name (print) _____ **Student Signature** _____ **Date** _____

Authorization for Release of Student Information*In accordance with Family Educational Rights and Privacy Act*

The purpose of this release is to facilitate the communication of student information to authorized individuals identified by the student.

The Family Educational Rights and Privacy Act of 1974 (FERPA); as amended, protects the privacy of education records, establishes the rights of students to inspect and review their education records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings.

I. Student Information:

Name of Student: _____
(please print)

Address: _____
Box # or Street City State Zip Phone Number

II. Recipient Information:

I authorize NextWave Safety Solutions. to release my educational records to the person specified below.

Name of Student: _____
(Please print)

Address: _____
Box # or Street City State Zip Phone Number

III. Method of Release:

☐ Mail: _____
Address

☐ Fax: _____
Fax # including area code

☐ I will pick up the information in person, showing proof of my identity.

Please Note: If not picked up within ten working days from the date of the signature, requested information will be mailed to the student address on file.

IV. Consent:

The above information may be released with my full consent. I understand that this authorization remains in effect until my written revocation is received by NextWave Safety Solutions.

(Student Signature)

(Date)