



Board of Certified Site Safety and Health Officers

PO Box 337

Tracy's Landing, MD 20779

Telephone: 202-697-3328 Fax: 866-215-5763 Email: bcsho@bcsho.org

CSSHO APPLICANT ENDORSEMENT FORM

Please type or legibly print all information in black or blue ink, and attach to a copy of the Candidate Experience Documentation.

CSSHO Candidate Information			
Last Name/Surname:			
First Name/Given:		Middle Initial:	
Endorser's Information			
Last Name/Surname:			
First Name/Given:		Middle Initial:	
Mailing Address:			
Street Address			
City	State/Province	Country	Zip/postal Code
Email Address:			
Phone:		Fax:	
Endorsement			
I, _____, hereby state that I am (<i>select all that apply</i>)			
<input type="checkbox"/> A CSSHO (or other Safety Certificate Holder), in good standing (<i>select all that apply</i>)			
Certification # or #s			
<input type="checkbox"/> Licensed as a:			
License #		Licensing Body:	
<input type="checkbox"/> Commissioned as a:			
Commission #		Commissioning Body:	
<input type="checkbox"/> Certified as a:			
Certification #		Certification Body:	
<input type="checkbox"/> An officer of the Candidate's Employer			
Position/Title:			
and am knowledgeable of, and in good standing within, the Safety profession. I hereby affirm that I personally know, or have researched and reviewed to the best of my ability, the work history and experience, reputation, and criminal history of the above-referenced candidate and find that she/he meets the requirement of a Certified Site Safety and Health Officer as prescribed by the BCSSHO. In support of my findings, I have attached a copy of the candidate's statement of experience as presented to me by the candidate. Based upon my findings, I hereby endorse the above referenced candidate for consideration as a Certified Site Safety and Health Officer.			
<i>Affix Seal if indicated</i>			<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
Submitted this _____ day of _____, 20_____.			
Endorsers' Signature:			