National Construction Safety Officer® (NCSO®) & National Health & Safety Administrator™ (NHSA™) Application Form

Application Type:

☐ New NCSO® ☐ New NHSA™ ☐ NCSO®/NHSA™ Renewal ☐ Equivalency

Personal Details:

First Name & Middle Initial	Surname	Date of Birth (Year/Month/Day)

Personal Email	Phone

Mailing Address: _____

City/Town	Province	Post Code

Personal information is collected to ensure the accuracy of training records and will not be released under any circumstances to third parties.

Date of Application: _____

Submissions:

Submissions to accompany this Application Form should have been detailed in the initial email sent to you. If these details were missing or if you need any clarification, please contact the NLCSA at (709) 739-7000 or email info@nlcsa.com.

Completed application forms and any supporting documentation are to be sent to info@nlcsa.com.

Once your application has been processed, you will receive a confirmation email and details of the next step(s) in the process.

Sponsor:

If your employer is funding your certification, and they are an NLCSA member or associate member, please give the name of the company as shown on their current Letter of Good Standing:

Company Name: _____

Stay Informed (Optional):

☐ I would like to receive important updates, news, and information from NLCSA about programs, events, and services, including NCSO® and NHSA™ programs, so I don't miss out. I understand I can withdraw my consent at any time.