

# Safety Manager/Trainer Course Report

Today's Date: \_\_\_\_\_

Course Reports may be submitted to the Corporate Office via facsimile transmission to 1-704-487-1579, or by mail to NASP, Post Office Box 167, Shelby, NC 28150. Upon receipt, the requested certificates will be printed and returned directly to the SMT' address listed below.

Course Name: \_\_\_\_\_

Date that is to appear on Certificates: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

SMT Member Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

The following students have completed the above referenced course. Please indicate which type of official IASP/NASP document is to be issued to the student:

Student's Name (print or type name as it is to appear on document)	Certificate	Card
_____	_____	_____
Address: _____ _____ _____	Company Name (if applicable): _____ _____	
Telephone Number: _____ Email: _____		

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Student's Name (print or type name as it is to appear on document)	Certificate	Card
_____	_____	_____
Address: _____ _____ _____	Company Name (if applicable): _____ _____	
Telephone Number: _____ Email: _____		

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(Attach additional copies of this page if necessary)

Student's Name (print or type name as it is to appear on document)

Certificate

Card

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Company Name (if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Student's Name (print or type name as it is to appear on document)

Certificate

Card

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Company Name (if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Student's Name (print or type name as it is to appear on document)

Certificate

Card

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Company Name (if applicable):

\_\_\_\_\_

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\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Student's Name (print or type name as it is to appear on document)

Certificate

Card

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Company Name (if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Total number of graduates: \_\_\_\_\_

Cost per document: \$20.00

**Method of payment:**

Check: Mail check payable to NASP along with this form

NASP

Post Office Box 167

Shelby, NC 28150

Credit Card : A representative with the NASP office will call you to collect payment information.