



# Course Provider Application

(application must be typewritten)

FOR OFFICE USE ONLY
Tracking No. _____

## INSTRUCTIONS

**STEP 1:** Complete the course provider application. Once completed, print the application, and have the document notarized. Then scan the completed notarized Course Provider Application.

**STEP 2:** Submit the required documentation. This information can be found on the Department’s website on the [Become a Course Provider](#) page.

**STEP 3:** Save the application and document submission item(s) as a PDF and attach to an email with the subject line: **CPA Application <Provider ID#> <Course Provider Name>**. For **new** course provider applications, use the subject line **CPA Application <Course Provider Name>**. The body of the email must include the name and telephone number of the contact person. Email the completed application and supporting documents to [trainingproviders@buildings.nyc.gov](mailto:trainingproviders@buildings.nyc.gov).

1	Application Type	Union Affiliation	Provider ID No. (for current providers)
	<input type="checkbox"/> New <input type="checkbox"/> Course Addition	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union	

## 2 Business Information *(if a DBA is applicable, supporting documents must be submitted)*

Business Name \_\_\_\_\_ Business Phone No. \_\_\_\_\_

DBA or Tradename (if applicable) \_\_\_\_\_

Business Address \_\_\_\_\_ Business Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Website \_\_\_\_\_

## 3A Applicant Information *(Owner/Director authorized to submit application on behalf of the organization; (email address must be from the business)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_ Phone No. \_\_\_\_\_

Business Title \_\_\_\_\_ Email Address \_\_\_\_\_

## 3B Point of Contact Information *(if different than applicant, is a person authorized to handle all NYCDOB inquiries and requests on behalf of business)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_ Phone No. \_\_\_\_\_

Business Title \_\_\_\_\_ Email Address \_\_\_\_\_

## 4 The Business is...

The Business **must** provide proof that it is: *(select one)*

- Approved by the New York State Department of Education, such as through a registered New York State Department of Labor vocational, trade or apprenticeship program; **or**
- Licensed as an educational institution by the New York State Department of Education; **or**
- Accredited by an accrediting organization recognized by the United States Department of Education or the Council for Higher Education Accreditation; **or**
- Certified by an organization accredited by the American National Standards Institute (ANSI) as a Standards Developing Organization with published standards for continuing education and training.

**5A Department-approved Courses**

Use this section to list all courses for which you are requesting approval. Only select course(s) you are not yet approved to deliver.

**Concrete Courses**

- 30-Hour Concrete Safety Manager
- 8-Hour Concrete Safety Manager Refresher

**Cranes & Derrick Courses**

- 4-Hour Mast Climber User and Operator
- 16-Hour Rigging Worker
- 8-Hour Rigging Worker Refresher
- 32-Hour Rigging Supervisor
- 16-Hour Rigger Supervisor Refresher
- 8-Hour Master Rigger Renewal
- 30-Hour Climber/Tower Crane Rigger
- 8-Hour Climber/Tower Crane Rigger Renewal
- 16-Hour Special Rigger
- 8-Hour Special Rigger Renewal
- 40-Hour Hoisting Machine Operator
- 8-Hour Hoisting Machine Operator Refresher
- 8-Hour Hoisting Machine Operator Class B Rating
- 32-Hour Lift Director

**Electrical Course**

- 8-Hour Master & Special Electrician Renewal

**Plumbing Courses**

- 7-Hour Master Plumber & Master Fire Suppression Piping Contractor Renewal
- 7-Hour Periodic Gas Piping Inspector Qualification
- 16-Hour Limited Gas Work Qualification

**Safety Courses**

- 40-Hour Site Safety Manager (SSM)
- 8-Hour SSM Refresher/Chapter 33  DOB
- 8-Hour Site Safety Coordinator

**Scaffold Courses**

- 4-Hour Supported Scaffold User & Refresher  DOB
- 32-Hour Supported Scaffold Installer & Remover
- 8-Hour Supported Scaffold Installer & Remover Refresher
- 16-Hour Suspended Scaffold User
- 8-Hour Suspended Scaffold User Refresher
- 32-Hour Suspended Scaffold Supervisor
- 8-Hour Suspended Scaffold Supervisor Refresher

**5B Department-approved Site Safety Training (SST) Courses**

Use this section to list all courses for which you are requesting approval. Only select course(s) you are not yet approved to deliver.

**SST Prescribed Courses**

- 2-Hour Site Safety Plan (SSP)  DOB
- 2-Hour Drug and Alcohol Awareness  DOB
- 2-Hour Pre-Task Meeting  DOB
- 2-Hour Tool Box Talks  DOB
- 4-Hour Fall Prevention  DOB
- 8-Hour Fall Prevention  DOB

**SST General Elective Courses**

- 1-Hour Electrocutation Prevention  DOB
- 1-Hour Fire Protection and Prevention
- 1-Hour First Aid and CPR
- 1-Hour Handling Heavy Materials and Proper Lifting Techniques  DOB
- 1-Hour Hoisting and Rigging
- 1-Hour Materials Handling, Storage, Use and Disposal
- 1-Hour Protection from Sun Exposure  DOB
- 1-Hour Repetitive Motion Injuries
- 1-Hour Stairways and Ladders
- 1-Hour Tools Hand and Power

**SST Specialized Elective Courses**

- 1-Hour Asbestos/Lead Awareness  DOB
- 1-Hour Confined Space Entry  DOB
- 1-Hour Concrete and Masonry Construction
- 1-Hour Cranes, Derricks, Hoists, Elevators & Conveyors
- 1-Hour Demolition Safety
- 1-Hour Ergonomics  DOB
- 1-Hour Excavations
- 1-Hour Flag Person
- 1-Hour Job Hazard Analysis  DOB
- 1-Hour Personnel Lifts: Aerial Lifts, Scissor Lifts & Mobile Scaffolds
- 1-Hour Motor Vehicles, Mechanized Equipment and Marine Operations; Rollover Protective Structures and Overhead Protection; Signs, Signals and Barricades
- 1-Hour Risk Assessment & Accident Investigation
- 1-Hour Scaffolds-Suspended
- 1-Hour Steel Erection
- 1-Hour Welding and Cutting
- 1-Hour Health & Safety Programs in Construction  DOB
- 2.50-Hour Foundations for Safety Leadership

**6A Course Provider Statement**

I hereby state that as a condition to having the checked course(s) approved, I attest that as the course provider, I must comply with all applicable laws, Department rules, regulations and directives governing Department approved courses. I will ensure that any of the checked courses required will be taught in accordance with the most current NYC DOB Department approved course requirements as posted on the Department's website. I understand that any code or rule violations including failure to adhere to approved course requirements may result in the Department's revocation of its approval for any and all courses.

I understand that course instructors must be credentialed or trained in instructional methods, and knowledgeable in the subject matter being taught. Additionally, if to the extent that the course instructor(s) holds, or has held, a trade license issued by the Department, it must be in good standing and not have been suspended by, surrendered to, or revoked by the Department

**NOTICE: Once approved, you will receive an approval letter and you will be posted on the Department-approved Course Providers List. In addition, if you selected DOB next to a course, you will receive access to the SST Course Curricula Portal & NYCDOB Training Connect.**

**6B Notarization & Signature**

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a City employee to accept, any benefit, monetary or otherwise, as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment, fine, or both.

Name (type):	State of New York, County of:	Notary Seal
Owner's Signature	Sworn to before me this day of 20	
Date	Notary Signature	

**OFFICE USE ONLY**

Date Reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_  Accepted  Rejected