

APPLICATION

SHAPE

OSHA/AGC PARTNERING AGREEMENT

Company Name: _____

Responsible Contact Person: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Please Enclose or Provide the Following Information:

1. SIC Code: _____ (Level 1)
2. Please Enclose a copy of your last 3 OSHA 300 Logs. (Level 1)
3. Please Enclose the # of man hours worked, for last 3 years (separate years) (Level 1)
4. Please Enclose a copy of your company's safety & health program that meets the four elements recommended by OSHA.
5. Please Enclose certification if the person responsible for administering the program has completed the OSHA 30 Hour course for the construction industry (or its equivalent.) Participants will have one year from the date of acceptance to meet this requirement.
6. Please Enclose certification that all field construction supervisory personnel who have been employed at least 6 months who have completed the OSHA 10 Hour course for the construction industry (or its equivalent). Participants will have one year from the date of acceptance to meet this requirement.

7. Please Enclose verification that your company has a substance abuse program.
8. Please Enclose your company's 6-foot fall protection policy.

Upon application, OSHA will verify that your company has not received, as a final order, any willful violations in the last three years.

If the application is approved, then a letter of agreement for the approved level will be forwarded to the applicant for a signature. Applications not approved will be returned with an explanation.

Please return application and documentation to:

**Rob Hileman
Arkansas AGC
PO Box 846
Little Rock, AR 72203**