



# COSS Recertification Registration Form

Safety Council LCA  
 8180 Siegen Lane - Baton Rouge LA 70810  
 Phone: (877) 610-COSS  
 Fax: (225) 225-766-1099  
 Web Page: [www.coss.net](http://www.coss.net)

**Instructions:** When complete, please sign the form, and fax it (along with the Recertification Worksheet) to the number shown above.

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Authorized Signature (Required)** \_\_\_\_\_ Fax # \_\_\_\_\_

**PAYMENT TYPE: (circle one)**    **Company Check** (personal checks not accepted; company check must accompany this registration form)

**Credit Card**    Credit Card Number - - - -    Exp. Date /    **Name On Card (Print)** \_\_\_\_\_

SOCIAL SECURITY #	LAST NAME	FIRST NAME	COURSE CODE	Position
- -			12COSS RC	
- -			12COSS RC	
- -			12COSS RC	

**COSS Recertification Fee:**  
**\$135.00 for three years.**

**For internal use only:**

<b>Recertification Worksheet Received? Date:</b> _____ <b>Confirmed By:</b> _____ <b>Date:</b> _____
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