

PERSONNEL CERTIFICATION

PAI - Privacy Act Information

1. Certification:

2. Full Legal Given Name:

3. Organization Code:

4. Telephone Number:

5. Individual E-mail Address:

6. Social Security Number (Optional):

7. Supervisor's Name and E-mail Address:

8. Organization Code:

9. Telephone Number:

CLASSES REQUIRED FOR CERTIFICATION

10. Class Name

11. Date(s) Attended

OTHER CERTIFICATION REQUIREMENTS

12. Proficiency Test: Pass Fail

13. Examiner's Signature:

14. Date:

15. Specify Crane Number(s) or Forklift Class:

INDIVIDUAL'S STATEMENT OF UNDERSTANDING

I understand the importance of performing the above specialty/skill in a manner that will not damage hardware or injure personnel.

16. Signature:

17. Date:

SUPERVISOR'S STATEMENT

I certify that this person has met the requirements listed above and completed the on-the-job training requirement. I hereby recommend certification.

18. Signature:

19. Date:

CERTIFICATION OFFICERS' APPROVAL STATEMENT

I have reviewed the above information and approve the individual's certification.

20. Contractor's Certifying Officer's Signature (Print Name and Sign):

21. Date:

22. MSFC S&MA Certifying Officer's Signature:

23. Date:

INSTRUCTIONS

Print clearly. Optional entries are used to simplify the data entry/retrieval process.

BLOCK INSTRUCTIONS

1. Certification Specialty (one per form). See MWI 3410.1, Tables 1 and 2, Personnel Certification Program.
2. Employee's name.
3. Organization code (NASA mail code or contractor's company name).
4. Employee's telephone number.
5. Employee's email address.
6. Employee's Social Security Number (optional).
7. Supervisor's name and email address.
8. Supervisor's organization code.
9. Supervisor's telephone number.
10. List all Course Titles that apply to the certifications requested, see MWI 3410.1, Tables 1 and 2 for required courses.
11. Course Date(s).
12. Proficiency Examiner checks "Pass" or "Fail".
13. Proficiency Examiner signs. (Note: Examiner must be on the Industrial Safety Officer's Approved Safety Proficiency Examiner List.)
14. Proficiency Examiner dates.
15. List crane numbers (e.g., RR-301) or forklift class.
16. Employee signs.
17. Employee dates.
18. Supervisor signs.
19. Supervisor dates. (Note: Supervisor should not sign or date before employee.)
20. Contractor's Certifying Officer signs - for contractor employees only. (Note: Contractor's Certifying Officer's name must be on the Safety Certifying Officer's List.)
21. Contractor's Certifying Officer dates.
22. MSFC Safety Certifying Officer signs.
23. MSFC Safety Certifying Officer dates.

DO NOT SUBMIT THIS FORM TO THE MEDICAL CENTER