



**STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION**

Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

**APPLICATION FOR RENEWAL
OCCUPATIONAL SAFETY AND HEALTH PROFESSIONAL**

A. PERSONAL DATA:

Full Name: _____

CSHP #: _____ Expiration Date: _____

___ Included \$150.00, current cost of renewal.

___ Included a copy of current certification card.

I _____, CSHP # _____ wish to submit this application as a request to renew my current certification.

Date Submitted: _____

B. DATA UPDATES

Only fill out this section if there are any changes since your last renewal:

Mailing Address:

Street Address or PO Box	City	State	Zip Code
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Business Address:

Street Address or PO Box	City	State	Zip Code
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Home Phone: () _____

Business Phone: () _____

Employer or Company Name: _____

Email Address: _____