

WISHA 10 for Agriculture Workers Certification Card Replacement Request

You must complete this form in order to obtain a replacement of an official WISHA 10 for Agriculture or Train of Trainers cards. On a separate sheet, provide a copy of a government-issued ID.

Please write clearly.

1. Applicant Name (First Name, Last Name)	
2. Email Address	
3. Company	City
4. Applicant's Address	
Address Line 2	
City	County
State	Zip Code
5. Phone Number (Include Area Code)	6. Alternative Phone Number (Include Area Code)

7. You must provide the requested information below and a copy of a government-issued document used for identification.		
US State ID Number	Other Country Consular ID Number	Other Country Driver's License Number
8. Previous WISHA 10 Card Number		

9. Training Attended — Enter the information for the cards you are requesting to be replaced		
Training	Date Attended	Location (City)
WISHA 10 for Agriculture Workers		
WISHA 10 for Agriculture — Train the Trainer		

10. Reason for Requesting a Card Replacement	
<input type="checkbox"/> Expired Card <input type="checkbox"/> Spelling Error on Card <input type="checkbox"/> Damaged Card <input type="checkbox"/> Lost Card <input type="checkbox"/> Other	
If "Other", please explain	
If card is/was damaged, you must provide it.	
<input type="checkbox"/> Yes, card provided <input type="checkbox"/> Unable to provide card	

11. For last name changes, you must provide the name you used when you received your first WISHA 10 card and an official ID showing your new last name.	
Previous Last Name	New Last Name

Submit completed form and a copy of your ID to:

Department of Labor & Industries
 DOSH Education & Outreach
 Multicultural Safety & Health Outreach Program
 PO Box 44649
 Olympia WA 98504-4649