THE OCCUPATIONAL SAFETY AND HEALTH ACT, 2007

APPLICATION FOR RENEWAL TO SERVE AS DOSHS APPROVED PERSON

1.	lame in fullID No		
2.	a) Type of approval: *choose one (DHP, Plant Examiner, Safety and Health Adviser, Fire Safety Auditor, Air Quality Monitor)		
3.	Occupation		
4.	Address to which mail can be sent: P.O. Box		
	E-mail Cell phone No		
5.	Name and Address of present employer		
6.	Relevant training courses and/or seminars attended in the Last one year (Attach copies of certificates)		
7.	Membership of professional bodies/associations and dates obtained (attach copies)		
	Membership	Awarding Authority	Year of award
8. How many Examinations/Audits/Surveys have you carried out during			ious year?
(Attach a summary report in the prescribed format)			
Ιc	declare that I have regularly submitted co	pies of individual examination/audit/	/survey reports and the
ma	onthly summary reports to the Director and	the relevant County OSH Office.	
Signature Date			
Dir	te: This form should be sent to the: - ectorate of Occupational Safety and Health Services, . 0202667722, Fax: 559663 Email: doshdept@yahoo.0		84120-00100; Nairobi, KENYA.
PA	ART 2 FOR OFFICIAL USE ONLY		
1.	Comments by Head of Division:		
Da	te Si	gned	
2.	Director's Decision:		
Da	te	Signed	