



Loss Control Representative Qualification Review

Personal Data

NAME: _____
Last First

TITLE OR POSITION: _____ EMPLOYER: _____

MAILING ADDRESS: _____
St/P. O. Box City State Zip Code

PHONE: () _____ EMAIL _____

Instructions: List applicable qualifications to provide loss control information or services.

Section A: Qualified by Professional Registrations or Certificates

- Certified Safety Professional: Certificate No. _____
- Certified Industrial Hygienist: Certificate No. _____
- Registered Professional Engineer: Certificate No. _____ State _____
- Other: Certificate No. _____ State _____

Section B: Qualified by Education

<u>College, University, or training program</u>	<u>Course/Major</u>
_____	_____
_____	_____

Section C: Qualified by Professional Experience

Name of Employer: _____

Dates of Employment: _____ From _____ To _____ Position or Title: _____

DESCRIPTION OF SAFETY EXPERIENCE List in chronological order with current experience first.

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Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, MC-GC-ORO, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, MC-CO-AAL-CC, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030.