



DEPARTMENT OF LABOR
Occupational Safety and Health Administration

Public reporting burden for this collection of information is voluntary and is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Training Programs and Administration, OSHA Directorate of Training and Education, 2020 S. Arlington Heights Road, Arlington Heights, Illinois 60005-4102. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number.

FORM APPROVED
OMB NO. 1218-0172
Expires xx-xx-xxxx

COURSE DATA

1. (a) Course Number and Title _____	2. Course Dates (MM/DD/YY)
(b) Scheduled Offering ID _____ ____ / ____	Start Date: ____ / ____ / ____ End Date: ____ / ____

PERSONAL DATA

3. Student Legal Name	4. (a) Job Title
_____	_____
_____	_____
_____	_____
_____	_____

First _____	M.I. _____	Last _____	(b) Job Specialization
			<input type="checkbox"/> Safety <input type="checkbox"/> Health <input type="checkbox"/> Whistleblower Investigator
			<input type="checkbox"/> Other _____

5. Work Phone _____	6. Mobile Phone _____
7. Work Email _____	

ORGANIZATION DATA

8. Organization Name _____			
9. Street Address _____			
10. City _____	_____	11. State Country	12. ZIP Code _____
			13. _____

SUPERVISOR DATA

14. Supervisor Legal Name

15. Supervisor Mobile Phone

First M.I. Last

16. Work Email

17. Hotel Name and Location

STUDENT GROUP

(Complete this section by making a single selection from only one of the following group sections #19 - #22)

18. FEDERAL OSHA	(a) Region	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
	(b) National Office	DOC <input type="checkbox"/>	DEP <input type="checkbox"/>	DSG <input type="checkbox"/>	DCSP <input type="checkbox"/>	DTSEM <input type="checkbox"/>	DEA <input type="checkbox"/>	DAP <input type="checkbox"/>	DWPP <input type="checkbox"/>	DTE <input type="checkbox"/>	OTHER <input type="checkbox"/>
19. STATE OSHA PROGRAM	<input type="checkbox"/> (1) Enforcement <input type="checkbox"/> (2) Consultation										
20. OTHER GOVERNMENT AGENCY	<input type="checkbox"/> a. Federal <input type="checkbox"/> b. State <input type="checkbox"/> c. Local <input type="checkbox"/> d. International										
21. PRIVATE SECTOR	<input type="checkbox"/> a. Employer Representative					<input type="checkbox"/> c. Government Contractor Employee					
	<input type="checkbox"/> b. Employee Representative					<input type="checkbox"/> d. International					

(Previous editions are obsolete) OSHA FORM 182

Instructions for State OSHA Training Coordinators, Other Government Agency, and Private Sector Students

State OSHA Training Coordinators are required to use this form to register students in Learning Link. Complete the Student Data Form and submit it to the OSHA Training Institute (OT) Student Services at OTI.Registration@dol.gov. Other Government Agency (other than federal and state OSHA) and private sector students requesting enrollment in OTI courses, seminars, etc. must complete the Student Data form and submit it to OTI Student Services at OTI.Registration@dol.gov. PLEASE NOTE: State OSHA Training Coordinators do not need to complete Items 1 through 3.

Item 1a Course Number and Title
List the complete course number and full title.

Enter the Scheduled Offering ID which can be located in the online catalog.

Item 1b Scheduled Offering ID

Item 2 Course Dates

Enter the start and end dates of the course

Item 3 Student Legal Name

Enter the student's legal first name, middle name or initial and last name as it appears on their birth certificate.

Item 4a Job Title

Enter the student's official Job Title.

Item 4b Job Specialization

Place an "x" in the box to indicate the appropriate job specialization.

Item 5 Work Phone

Enter the student's work phone number.

Item 6 Mobile Phone

Enter the student's cell phone number.

Item 7 Work Email

Enter the student's official work email address.

Item 8 Organization Name

Provide the name of the organization for which the student works. NOTE: State OSHA should type either (state name) Enforcement or (state name) Consultation.

Item 9 Street Address

Provide the street address where student works.

Item 10 City

Provide the name of the city where student works.

Item 11 State

Provide the state where student works.

Item 12 Zip Code

Provide the zip code where student works.

Item 13 Country

For international students, enter the country where the student works.

Item 14 Supervisor Legal Name

Enter the supervisor's legal first name, middle name or initial and last name as it appears on their birth certificate.

Item 15 Supervisor's Mobile Number

Enter the supervisor's mobile number.

Item 16 Work Email

Enter the supervisor's work email.

Item 17 Hotel Name and Location

Enter the name and location of your hotel.

Items 18 through 21 - Student Group

Select only one student group.

Item 18 Federal OSHA

If student works for federal OSHA, place an "x" in the box for the appropriate OSHA Region or National Office Directorates.

Item 19 State OSHA Program

If student works for a state OSHA program, place an "x" in the box for the appropriate program, either Enforcement or Consultation.

Item 20 Other Government Agency

If student works for another government agency, place an "x" in the appropriate box for either Federal, State, Local, or International agency.

Item 21 Private Sector

If student works for the private sector, place an "x" in the appropriate box for Employer Representative, Employee Representative, Government Contractor, or International Corporation.