



**SAFETY, EDUCATION &  
TRAINING TRUST FUND  
HEAVY & GENERAL  
LABORERS' LOCAL 172 & 472**

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# CLICK SAFETY REIMBURSEMENT FORM

## MEMBER INFORMATION

Full Name

Social  
Security #

Full Address

  

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Book #

Phone #

Amount Paid

Date:

I have successfully completed Click Safety OSHA30 Online Training. I have presented the OSHA30 Card and payment receipt to the S.E.T. Fund for reimbursement to me, or my employer, for the cost. By signing this form, I acknowledge receipt of such reimbursement to myself, or my employer, in the amount indicated.

\_\_\_\_\_  
Signature

**Please attach copies of:**

- Valid Click Safety OSHA30 Certificate of Completion
- Receipt of Purchase
- Front & Back of Member Book