

# APPLICATION FOR SHAPE (SAFETY AND HEALTH AWARD FOR PUBLIC EMPLOYEES)

K-ISH 402 (12-18)

Federal Employer Identification Number (*required*): \_\_\_\_\_ Date: \_\_\_\_\_

Entity name: \_\_\_\_\_

Division/department: \_\_\_\_\_

Mailing address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Site address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Total number of hours worked: \_\_\_\_\_

**Submit**