



**NM OSHA AND ASA-NM**  
**Safety & Health Initiative Partnership**



**Request to Participate as a Reciprocal Member in the SHIP program between ASA-NM and NM OSHA**

\_\_\_\_\_ (Company name) is currently in a NM OSHA partnership through our membership with \_\_\_\_\_ (Association name). Our company participates at the \_\_\_\_\_ level.

Our company wishes to be a participant at the \_\_\_\_\_ level under the Safety & Health Initiative Partnership (SHIP) that has been agreed to by the New Mexico Occupational Health and Safety Bureau (NM-OSHA) of the New Mexico Environment Department and the American Subcontractors Association of New Mexico (ASA-NM).

As a participant under the SHIP program, company has read and embraces the goals and objectives of the program and commits to the following:

1. To comply with the terms and conditions of the SHIP program,
2. To cooperate in the development and continuous improvement of health and safety programs for it employees, and
3. To ensure that it safety and health policies are effective and consistent.

Company understands and agrees that as a participant under the SHIP program:

1. The SHIP Committee will be notified of any complaints or violations of health and safety standards by the company.
2. It will keep its employees informed of the obligations the company has accepted as a SHIP program member and the extent of benefits afforded under the program and

Company understands that if it wishes to participate at the Platinum Level it must make available to ASA-NM SHIP Committee and NM OSHA it's job site reports.

Company further understands that it's involvement under the SHIP program may be terminated at any time if it fails to meet the terms and conditions of the Program and that it may withdraw as a participant at any time by submitting written notice to ASA-NM.

Agreed to \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Representative, Member Company

\_\_\_\_\_  
Representative ASA-NM



**NM OSHA AND ASA-NM**  
**Safety & Health Initiative Partnership**



**Approval to Participate as a Reciprocal Member in the Safety & Health Initiative Partnership (SHIP) Program**

\_\_\_\_\_ (Company name) is currently in a NM OSHA partnership through our membership with \_\_\_\_\_ (Association name). Our company participates at the \_\_\_\_\_ level.

Our company wishes to be a participant at the \_\_\_\_\_ level under the Safety & Health Initiative Partnership (SHIP) that has been agreed to by the New Mexico Occupational Health and Safety Bureau (NM-OSHA) of the New Mexico Environment Department and the American Subcontractors Association of New Mexico (ASA-NM).

ASA-NM has contacted and received confirmation from \_\_\_\_\_ (Association Representative) at \_\_\_\_\_ (Association Name) that the company is a partner in their OSHA Partnership at the \_\_\_\_\_ level and therefore accepts the company as a partner in the ASA-NM SHIP program at the \_\_\_\_\_ level.

Agreed to \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Chair, SHIP Program Committee

\_\_\_\_\_  
ASA-NM Representative

\_\_\_\_\_  
Confirming Association Representative