OSHA
DEPARTMENT OF LABOR & INDUSTRY

Cooperative Compliance Partnership Application

Directions: You must be a Level 2 participant for at least one year or a Level 3 to be eligible for the Cooperative Compliance Partnership (CCP). Proposed project must be at least 6 months in duration, and no longer than 18 months. Please include as much project-specific information as possible.

COMPANY:

PROPOSED CCP PROJECT NAME AND ADDRESS:

PROPOSED PROJECT START DATE:_____

PROJECT PHONE**:** _____ PROJECT FAX: _____

PROJECT **SAFETY** CONTACT:
EMAIL: _____ PHONE: _____

ALTERNATE PROJECT CONTACT:
EMAIL: _____ PHONE: _____

LIST OF SUBCONTRACTORS CONFIRMED OR EXPECTED ON THE PROJECT:
(Use separate sheet if necessary)

DESCRIBE THE SCOPE OF THE PROJECT:

Email completed form to: robert.balsavich@state.mn.us & janet.artmann@mnabc.com