OSHA Consultation Publication Request

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Mailing Address: Arkansas Department of Labor and Licensing
OSHA Consultation Section
900 West Capitol Avenue, Suite 400
Little Rock, AR 72201

Name:___________________________________________________________________________________

Company Name: __________________________________________________________________________

Business Mailing Street Address:______________________________________________________________

City, State, Zip Code: _______________________________________________________________________

Phone Number: ___________________________________________________________________________

E-mail: ___________________________________________________________________________________

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Name of Publication:</th>
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<tbody>
<tr>
<td>_____</td>
<td>Safety Section Services Brochure</td>
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<tr>
<td>_____</td>
<td>OSHA Consultation Brochure</td>
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<tr>
<td>_____</td>
<td>SHARP Program Information Brochure</td>
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<td>_____</td>
<td>SHARP Tier Award Brochure</td>
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<tr>
<td>_____</td>
<td>Safety at Work Book</td>
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<tr>
<td>_____</td>
<td>Media Library Book (Training DVD List)</td>
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<tr>
<td>_____</td>
<td>Arkansas Workers’ Safety Conference Brochure – organized by city: ________________________________</td>
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<tr>
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<td>(Please specify the city/region of Arkansas you are requesting a brochure for)</td>
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Temporary Workers’ Book:

_____ in English
_____ in Spanish

Youth Work Safety Brochures:

_____ Jobs in the Sun
_____ Jobs in the Heat
_____ Outdoor Jobs
_____ Food Service Jobs
_____ Retail Service Jobs
_____ Janitorial & Housekeeping Jobs

Postings:

_____ Notice to Employer & Employee Chemical Right to Know Act
_____ Notice to Employer & Employee Minimum Wage
_____ Human Trafficking Notice