OSHA Office of Training and Education Resource Center Loan Program 2020 S. Arlington Heights Road Arlington Heights, Illinois 60005 Telephone: (847) 759-7736

Fax to: (847) 759-7748 or (847) 297-4874

Resource Center Borrowing Agreement

Please type or print clearly in black ink

I will abide by the policies set forth in the policy statement.

I understand that the copyright law of the United States (Title 17, U.S. Code) governs the reproduction of copyrighted materials. Private institutions, associations, and companies that are covered by this law produced most of the materials which are available for loan. I SHALL NOT duplicate or otherwise reproduce these materials without the expressed written permission of the producer.

I understand that it is essential to return materials no later than the Due Date. Materials returned after the due date are considered LATE. Upon my third LATE return my borrowing privileges will be canceled.

If I lose or damage the materials, I will be responsible for paying for their replacement.

I HAVE READ AND UNDERSTOOD THE ABOVE. I AGREE TO COMPLY WITH THE RULES AND POLICIES OF THE RESOURCE CENTER LOAN SERVICE.

Today's Date:	
Name:	
Address:	
	State: Zip Code:
Business Phone: ()	Home Phone : ()
FAX Number: ()	E-mail Address:
Borrower Category:	
Indicate borrower category: Fo	ederal OSHA, State OSHA, OSHA Consultation, OSHA Outreach

Trainer, OSHA Cooperative Program Member including SHARP, VPP, Alliance, and Strategic

Partnership, or Other Federal Agency S&H Trainer.

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Resource Center Loan Request

Please type or print clearly in black ink

	Name:					
	City:		State:	Zip Code:	Zip Code:	
	Telephone Number: ()		Fax Number: ()			
RC Use	Number	Title				Show Date
	$(\sqrt{\ }) = Confi$	rmed booking	(1) = Book	ed by other borrow	ers (2) = No longe	r in collection
D	ate Shipped	l :		Date Du	ie:	
	Request for			nitted at least 15 da e form as many times		he Show Date