**Tier 2 Safety Certification of Compliance**

Required for all Tier 2 Suppliers or Subcontractors entering NASSCO facilities. Tier 2 suppliers are those under NASSCO contract who perform the following:

* 1. Delivery. Suppliers / Subcontractors who are required to enter the shipyard or any other NASSCO facility and who only deliver materials to NASSCO warehouses or non-production NASSCO facilities.
	2. Visitor. Suppliers/Subcontractors who are required to enter the shipyard or any other NASSCO facility but who do not conduct work in production areas.

|  |  |
| --- | --- |
| Company: |  |
| Address: |  |
|  |  |
| City: |  | State: |  | Zip Code: |  |

|  |  |
| --- | --- |
| Work Location at NASSCO: |  |
| Type of work: |  |

Person designated by your company to respond to safety violations, anytime, including weekends:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Title: |  | E-mail: |  |

I confirm that I have received and reviewed a copy of the “**Notice of Safety Requirements for General Dynamics NASSCO**” and the NASSCO Basic Safety Requirements brochure. I will comply with the requirements established therein. I certify that I have correctly and completely represented the nature and scope of the activities to be performed by this company at NASSCO.

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name: |  | Date: |  |
| Signature: |  |

For multiple employees entering NASSCO please use the following page to provide their information and acknowledge their commitment to comply with all safety requirements.

SEND COMPLETED FORM BY E-MAIL, FAX, OR MAIL TO:

**NASSCO Safety Department**

**E-Mail:** safety@nassco.com (preferred method)

**Phone:** 619-544-8444

**Fax:** 619-544-3666

**Mail:** PO BOX 85278 || Attn: Safety Department MS 27 || San Diego, CA 92186-5278

**ACKNOWLEDGEMENT OF REQUIREMENTS**

I confirm that I have received and reviewed a copy of the “**Notice of Safety Requirements for General Dynamics NASSCO**” and the NASSCO Basic Safety Requirements brochure. I will comply with the requirements established therein. I certify that I have correctly and completely represented the nature and scope of the activities to be performed by this company at NASSCO.

|  |  |  |
| --- | --- | --- |
| **PRINTED NAME** | **SIGNATURE** | **DATE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |