



IAM/Boeing :: Joint Programs

Health and Safety Institute

Incomplete applications will be returned. (You must submit a new application once each calendar year.)

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

BEMSID: _____ Work Phone: () _____ Home Phone: () _____

**Total Shoe Cost: _____
Original Itemized Receipt Required**

I Purchased (check one):

- Steel-Toe Shoes
- Composite-Toe Shoes
- Metatarsal Guarded

- Chemical-Resistant Soles
- Non-slip/Slip Resistant Soles
- Anti-Static/Electrical Hazard Shoes
- Puncture-Resistant Soles

Select your shoes from store below

- Iron Age Industrial Footwear
- Red Wing Shoe Store
- Lehigh Safety Shoe Co.
- Sanderson Safety Supply
- Summit Safety Shoes
- Shoes for Crews.com
- Whistle Workwear
- Work 'N' More

Applicant Signature: _____ **Budget/Dept. ID:** _____ **Mail Code:** _____ **Today's Date:** _____

Supervisor's Printed Name: _____ Supervisor's Signature: _____ Date: _____

Supervisor's Phone: () _____