



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
- Non-Skid Sole Shoes
- Chemical-Resistant Soles
- Non-Slip / Slip Resistant Sole Shoes
- Anti-Static / Static Dissipative Shoes
- Metal Chip Resistant Shoe

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

Supervisor Approval: This employee is in a "Mandatory Compliance" or "Company Directed" Safety Shoe Work Area.

Supervisor Printed Name: _____ Supervisor Signature: _____ Date: _____

Supervisor Phone: () _____

Wichita (Mail to): HSI, P.O. Box 7730, Wichita, KS 67277-7730 (The Boeing Company M/C K29-03) 316-977-0073 or 1-888-709-0670

Print Form