



IAM/BOEING 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: _____
Itemized Receipt Required

I Purchased (check one):

- Steel-Toe Shoes
- Composite-Toe Shoes
- Non-Skid Sole Shoes

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

Applicant Signature: _____ Budget/Dept. ID: _____ MC _____ 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: () _____

Washington/Oregon (Mail to): HSI, 6840 Fort Dent Way, Suite 200, Tukwila, WA 98188 (Boeing M/C 6Y-91) 425-393-9286 or 1-800-235-3453
Wichita (Mail to): HSI, 2800 South Rock Road, Wichita, KS 67210 (Boeing M/C K29-02) 316-523-9912 or 1-800-317-8541