

# Application for a Supervisory Training Program (STP) Completion Certificate

For AGC use only  
 Application received by: \_\_\_\_\_ Director, STP  
 Application received by: \_\_\_\_\_ Database Recordkeeper  
 Participant Database Record # \_\_\_\_\_  
 Certificate Sent: \_\_\_\_\_

**1. This application is for the following STP participant who has completed STP courses 1-10:**

Name	SS # (last 4 numbers)	
Address	Phone	Birthdate
City	State	Zip

**2. This application is submitted by the following STP class sponsor, organization or person:**

Name	Organization Name	
Address	Phone	Fax
City	State	Zip

**3. Send the certificate to the following person at this address:**

Name	Organization Name	
Address	Phone	Fax
City	State	Zip

4. Course Title	Date Completed	Name of Sponsor	Location
Unit 1: Leadership and Motivation			
Unit 2: Oral and Written Communication			
Unit 3: Problem Solving and Decision Making			
Unit 4: Contract Documents and Construction Law			
Unit 5: Planning and Scheduling			
Unit 6: Understanding and Managing Project Costs			
Unit 7: Accident Prevention and Loss Control			
Unit 8: Managing the Project			
Unit 9: Productivity Improvement			
Unit 10: General and Specialty Contractor Dynamics			