This form required to be submitted to WTSTC by your company only once.

West Texas Safety Training Center

SafeLand Verification Form

Fax# 432.563.3904

or

Must be emailed to:

Emails: registration@wtstc.org

I,

_____,

(Please print your Name/Title)

as an approved contractor representative for

_____;

(Please print your Company Name)

We are being required by certain oil company client(s) to have our employees successfully complete SafeLand Orientation. I do hereby request, authorize, and grant WEST TEXAS SAFETY TRAINING CENTER permission to provide the IADC with the SafeLand Training record to designate successful completion of the orientation course. I understand that this is a requirement of SafeLandUSA.

_____ _____

Authorized Signature Date

- -

Please do not print below dotted line – for WTSTC use only

Company Account #: _____ **Member / Non Member**

WTSTC Staff Verified: _____