

WEST TEXAS SAFETY TRAINING CENTER

P.O. BOX 60828/MIDLAND TX 79711-11900 W. I-20 E. /ODESSA TX 79765
 PHONE (432) 563-3067 "A NON PROFIT CORPORATION" FAX (432) 563-3904
 EMAIL: registration@wtstc.org

- 1) 2 forms of ID must be presented and is required before training! (1st form - Government photo I.D. must be current [i.e. Driver's License] 2nd form – anything with your name preprinted [i.e. Social Security Card])
- 2) Students must arrive for 15 minutes prior to class.
- 3) Registration/Cancellation is **REQUIRED 24 HOURS IN ADVANCE** by fax/email

COMPANY NAME: _____
BILLING ADDRESS: _____
CONTACT: _____ **PHONE#:** _____ **FAX#:** _____

01 PMCOW – CHEVRON Complete 2-day course (\$250-Member / \$300-Non Member)
 (Students must be in attendance for both days to receive credit for training.)

This course is offered by prior arrangement only – please call our office at 432-563-3067 to schedule.

Business Partners of Chevron may visit the Contractor Safety website (www.chevroncontractorsafety.com) to download current version of the Managing Safe Work Standard. We Recommend the company obtains the most current version of the MSW standard.

All materials for the student's use in the class will be provided at the time of the class.

ESTABLISHED MEMBERS: You may elect to be billed for the classes. Please Check one: Call for payment: _____
 Bill Acct #: _____

NEW MEMBERS: Payment is due at time of registration to confirm seat in the class. {Cash, M/C, Visa, Discover & Amex}.
 Contact Name and Phone number for Payment: _____ / Receipt # _____ \$ _____

NON MEMBERS: Payment is due at time of registration to confirm seat in the class. {Cash, M/C, Visa, Discover & Amex}.
 Contact Name and Phone number for Payment: _____ / Receipt # _____ \$ _____

Authorized Signature: _____ Date: _____

SSN / WTSTC #	Last Name	First Name	Course	Dates of Class
			PMCOWCOMP	/
			PMCOWCOMP	/
			PMCOWCOMP	/
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FOR OFFICE USE ONLY: Company contacted and given Confirmation of registration WTSTC Staff: _____