



Frank Phillips College Safety Training Center

SafeLandUSA Verification Form

Fax# 806-274-5138

Or

Email: pstcregister@fpctx.edu

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 SafeLandUSA Orientation. I do hereby request, authorize, and grant FRANK PHILLIPS COLLEGE SAFETY TRAINING CENTER permission to provide the IADC with the SafeLandUSA 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 FPCSTC use only

Company Account #: _____ Member / Non Member

FPCSTC Staff Verified: _____