

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



# West Texas Safety Training Center IADC RigPass Verification Form

Fax# 432.563.3904

or

Must be emailed to:

Emails: [registration@wtstc.org](mailto: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 RigPass Orientation. I do hereby request, authorize, and grant WEST TEXAS SAFETY TRAINING CENTER permission to provide the IADC with the RigPass Training record to designate successful completion of the orientation course. I understand that this is a requirement of IADC RigPass.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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

**Company Account #:** \_\_\_\_\_ **Member / Non Member**

**WTSTC Staff Verified:** \_\_\_\_\_