

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



West Texas Safety Training Center

Veriforce 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 Veriforce/PEC with the SafeLand Training record to designate successful completion of the orientation course. I understand that this is a requirement of Veriforce/PEC.

Authorized Signature Date

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

Company Account #: _____ Member / Non Member

WTSTC Staff Verified: _____