



Authorized Training Provider Representative Form

Authorized Training Provider Contact Information:

Business Name: _____
Street Address: _____
Phone Number: _____

A. I hereby confirm that the person(s) named below are acting as our Authorized Training Provider Representative(s) for the purpose of ordering course materials and/or submitting class paperwork.

Authorized Training Provider Representative(s) Contact Information:

Ordering Course Material (and/or) *Submitting Class Paperwork*

Name: _____
Date of Birth (day-month-year): _____
ID Number: _____
Job Title: _____
Phone Number:9a Uj. _____

Ordering Course Material (and/or) *Submitting Class Paperwork*

Name: _____
Date of Birth (day-month-year): _____
ID Number: _____
Job Title: _____
Phone Number:9a Uj. _____

Ordering Course Material (and/or) *Submitting Class Paperwork*

Name: _____
Date of Birth (day-month-year): _____
ID Number: _____
Job Title: _____
Phone Number:9a Uj. _____

Signing Authority:

Name and Signature: _____ / _____
Date: _____
Email: _____



Authorized Training Provider Representative Form

B. I hereby confirm that the person(s) named below are **no longer** acting as our Authorized Training Provider Representative(s) for the purpose of ordering course materials and/or submitting class paperwork.

Authorized Training Provider Representative(s) Contact Information:

Ordering Course Material (and/or) *Submitting Class Paperwork*

Name: _____
Date of Birth (day-month-year): _____
ID Number: _____

Ordering Course Material (and/or) *Submitting Class Paperwork*

Name: _____
Date of Birth (day-month-year): _____
ID Number: _____

Ordering Course Material (and/or) *Submitting Class Paperwork*

Name: _____
Date of Birth (day-month-year): _____
ID Number: _____

Signing Authority:

Name and Signature: _____ / _____
Date: _____
Email: _____

Please Return Completed Form to:
Energy Safety Canada
150-2 Smed Lane SE
Calgary, AB T2C 4T5
Email: evaluations@energysafetycanada.com