

TRN-CFT-433

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 Mater	ial (and/or)	Submitting Class Paper	work
Name: Date of Birth (day-month-ye ID Number: Job Title: Phone Number:	·	·····9a IJ`	
Ordering Course Mater	ial (and/or)	Submitting Class Paper	work
Name: Date of Birth (day-month-ye ID Number: Job Title: Phone Number:			
Ordering Course Mater	ial (and/or)	Submitting Class Paper	work
Name: Date of Birth (day-month-ye ID Number: Job Title: Phone Number:		9a U]`	
Signing Authority:			
D. L.		/	
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Sensitivity Level: Public

Revision: 1.0



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: <u>evaluations@energysafetycanada.com</u>

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