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IADC WELLCAP WELL CONTROL CERTIFICATION PROGRAMS REGISTRATION FORMS

Easy registration may also be made online at: [www.pttco.org](http://www.pttco.org)

Date: \_\_\_\_\_

**Personal Data:** (that it matches the information given on the passport)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Please specify the period of IADC WellCAP Certification Course you would like to attend.

From (dd/mm/yyyy): \_\_\_\_\_ To (dd/mm/yyyy): \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Place of Birth (City/Country): \_\_\_\_\_

Passport Country: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Company Information:**

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

<p>The course fee includes up to 2 Re-sit sessions. Candidates can re-take the course for 5 or 3 days before re-sit sessions at free of charge.</p>
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**Please choose only one what type of IADC WELLCAP Certificate you would like to take:**

- Drilling, **Fundamental, Surface** BOP Stack  
(for Trainee driller & Driller)
- Drilling, **Supervisor, Surface** BOP Stack  
(for Advanced Driller, Toolpusher, Superintendent & Engineer)
- Drilling, **Fundamental, Combined** Surface & Subsea BOP Stack  
(for Trainee driller & Driller)
- Drilling, **Supervisor, Combined** Surface & Subsea BOP Stack  
(for Advanced Driller, Toolpusher, Superintendent & Engineer)
- Drilling/Workover/Completion, **Fundamental, Surface** BOP Stack  
(for Trainee driller & Driller)
- Drilling/Workover/Completion, **Supervisor, Surface** BOP Stack  
(for Advanced Driller, Toolpusher, Superintendent & Engineer)
- Drilling/Workover/Completion, **Fundamental, Combined** Surface & Subsea BOP Stack  
(for Trainee driller & Driller)
- Drilling/Workover/Completion, **Supervisor, Combined** Surface & Subsea BOP Stack  
(for Advanced Driller, Toolpusher, Superintendent & Engineer)

Request for Accommodation ( guest account)

- No.
- Yes. From (dd/mm/yyyy) \_\_\_\_\_ To (dd/mm/yyyy) \_\_\_\_\_

Method of Payment for this course:

- I will pay the full amount of course fees by transferring to the bank account below.  
(The registration is completed when course fees is paid)

If an enrollee is unable to attend the course, the enrollee or the company may appoint a substitute without penalty.

**BANK DETAILS**

**PAYMENT TO:** Kasikorn Bank Public Co., Ltd.

(Lotus Sukhaphiban 1 Sub-Branch)

Account Name: PTTCO Ltd.  
Account Number: 773-1-00116-7  
Swift Address: KASITHBK

After transferred, kindly send scanned payment details by Email or Fax.

Return this form to PTTCO at least 20 days prior to the first training day or as agreed with the PTTCO Ltd.

I confirm that the information given on this form is correct.

Candidate's signature:.....Date:.....