54/3 Moo 13, Navamin 70, Klongkum, Buengkum, Bangkok 10240, Thailand
Tel: +662-947-8259
Fax: +662-510-3808, +662-510-6195
Email : info@pttco.org

IWCF DRILLING WELL CONTROL CERTIFICATION PROGRAMS REGISTRATION FORMS

Easy registration may also be made online at: 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 IWCF Drilling Well Control 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: _____

Please choose what type of IWCF Test you would like to take as listed below:

- ☐ Driller, Surface BOP Stack (Level 3)
- ☐ Supervisor, Surface BOP Stack (Level 4)
- ☐ Driller, Combined Surface & Subsea BOP Stack (Level 3)
- ☐ Supervisor, Combined Surface & Subsea BOP Stack (Level 4)

NOTE: for the Unit of Calculation, this course will be conducted in API (field unit, barrel, psi, foot) only.

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 details 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.

Please return this form to the PTTCO Ltd at least 30 days prior to the first training day or as agreed with the PTTCO.

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

Candidate's signature:……Date:…….

Special needs/Requirements:.....

.....

The course fee is includes 1 Re-sit session.

Candidates can re-take the course for 5 or 3 days before re-sit session

At free of charge!