



Instructions: Completion of this update form is a mandatory requirement for program renewal and changes to program information. Noncompliance of the request will result in an audit. Please complete and return this form within 10 days from receipt of this notice, via e-mail, to rigpass@iadc.org.

Provider Information:

Name of Company or Institution:

Has your company operated under a different name in the past 5 years? Yes No

If so, previous name:

What type of update are you reporting? Program Renewal* Program Modification Only

*In order to renew accreditation, IADC requires a program to be in good standing, and meet the following criteria:

- All training records must be up to date (i.e., Certificates of Completion, etc.).
- All program dues and outstanding IADC invoices must be paid.

Location Information:

Address Line 1 <i>(Physical location of Program's administrative offices-do NOT include PO Boxes):</i>	Billing Address Line 1 <i>(if different then location):</i>
Address Line 2:	Billing Address Line 2:
City:	City:
State:	State:
Zip/Postal Code:	Zip/Postal Code:
Country:	Country:

Contact Information:

Administrative Contact/Correspondent (Full Name):	Responsible Corporate/Institutional Official (Full Name):
Title:	Title:
Telephone:	Telephone:
Fax:	Fax:
Email Address:	Email:

What is the name, phone number, and email address of the persons(s) responsible for reporting completion certificates to IADC, **if different than Administrative Contact?**

Full Name:

Address:

Telephone:

Email:

Current Rig Pass Information:

Rig Pass ID Number:

Is this a traveling school? Yes No

If yes, supply a description of minimum requirements for the facilities you plan to utilize.

Have there been any changes to the curriculum? Yes No (If yes, please submit a new SCO-03 indicating changes.)

Does your program include the offshore endorsement? Yes No

Does your program include the land endorsement? Yes No

Is your organization a SafeGulf participant (Gulf of Mexico, US territory ONLY)? Yes No

Is your organization a SafeLand participant (US territory ONLY)? Yes No

What is the total duration of your program in hours and minutes?
 _____ hours, _____ minutes

Note: Please do not list a variation of different times, e.g., 8-10 hours. The time listed must be specific, e.g., 9 hours and 45 minutes.

Instructors: Please list all currently approved Rig Pass instructors linked to your accreditation.

NAME	CERTIFICATE NUMBER	DATE OF BIRTH	IADC USE ONLY
			<input type="checkbox"/>
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Verification Statement:

I certify that the above information is true and correct.

Signature of Responsible Corporate Official

Date

Printed Name

Title