

NAME OF TRAINING PROVIDER:



IADC
RIGPASS

RigPass-to-Go

**APPLICATION
FOR ACCREDITATION**

HEALTH, SAFETY, & ENVIRONMENTAL (HSE) ORIENTATION

Part 1 – Provider Information

Part 2 – Course Design

Part 3 – Curriculum Delivery

Part 4 – Instructors

Part 5 – Summary of Program Modifications

Form SCO-03F RigPass-to-Go Course (“Facilitated Course”)

APPLICATION FOR ACCREDITATION

Revision 8

Please complete all portions of this application in the fields provided. Once completed, attach the following:

- *Payment of application fee (if applicable)*
- *SCO-05 Instructor Applications (if applicable)*
- *SCO-03sg or SCO-03sl (if applicable)*

Mail the completed application and all attachments to:

*International Association of Drilling Contractors
3657 Briarpark Drive, Suite 200
Houston, TX 77042
Attn.: RigPass Coordinator*

Or email to rigpass@iadc.org

Part 1: PROVIDER INFORMATION		
Name of company or institution (designated the "accreditable unit"):		
Parent Organization (if different from accreditable unit):		
Has your company operated under a different name in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, prior name:		
Application Type		
<input type="checkbox"/> New application	<input type="checkbox"/> Renewal (of previously accredited program)	<input type="checkbox"/> Modifications (to currently accredited program)
Offshore Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No	Land Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No	
SafeGulf Participant (Gulf of Mexico and US territory ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No	SafeLandUSA Participant (US territory ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach SCO-03sg.	If yes, attach SCO-03sl.	
Company or Institution Course Scheduling Policy:		
A basic orientation of rig operations and safe work practices ideally occurs before the employee begins work at the rig. However, due to various logistical conditions in the drilling industry, this will not always be possible. Companies with in-house programs are encouraged to establish policies to ensure that their new employees complete RigPass orientation as soon as it is practical.		
Type of Company:		
<input type="checkbox"/> Drilling Contractor In-House Program <input type="checkbox"/> Operator/Producer Company In-House Program <input type="checkbox"/> Service Contractor In-House Program <input type="checkbox"/> Commercial Training Organization <input type="checkbox"/> University Affiliated (specify university): <input type="checkbox"/> Nonprofit Training Organization <input type="checkbox"/> Other:		
Contact Information		
Responsible Corporate/Institutional Official		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		

Primary Administrative Contact/Correspondent:		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
Additional Administrative Contact/Correspondent:		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
Additional Administrative Contact/Correspondent:		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
Additional Administrative Contact/Correspondent:		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
Additional Administrative Contact/Correspondent:		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		

Person responsible for reporting completion certificates to IADC <i>(if different from Primary Administrative Contact):</i>
Full Name:
Address:
Telephone:
Email:

Primary 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:

Do you have a website address?
 Yes No
 If yes, please list:

Part 2: COURSE DESIGN

Course Language(s)
 English Spanish

RigPass To Go requires each participant have access to his/her own IADC RigPass Participant Guide for the duration of orientation.

How many of the following do you have available to instructors or participants?
 Number of RigPass Facilitator Guides _____
 Number of RigPass Participant Guides _____

Duplication of IADC RigPass to Go material is prohibited.

Will this be a traveling program: Yes No
 If yes, supply a description of minimum requirements for the facilities you plan to utilize.

Please list all locations where you will be conducting your course:

Accreditation Location 1:	Accreditation Location 2:
Name of Contact:	Name of Contact:
Shipping Address:	Shipping Address:
City:	City:
State:	State:
Zip/Postal Code:	Zip/Postal Code:
Country:	Country:
Accreditation Location 3:	Accreditation Location 4:
Name of Contact:	Name of Contact:
Shipping Address:	Shipping Address:
City:	City:
State:	State:
Zip/Postal Code:	Zip/Postal Code:
Country:	Country:
Accreditation Location 5:	Accreditation Location 6:
Name of Contact:	Name of Contact:
Shipping Address:	Shipping Address:
City:	City:
State:	State:
Zip/Postal Code:	Zip/Postal Code:
Country:	Country:

Part 3: CURRICULUM DELIVERY

THE SECTION BELOW MUST BE FILLED OUT (ENTER COURSE TIME).

Course Duration: (A course must include core and at least 1 endorsement.)

COURSE TIME	Core Content (not less than 6 hours)	Offshore Endorsement	Land Endorsement	Total
Total Time Allotted				

Part 4 – INSTRUCTOR(S)

Use this section of the form to record your request for instructor(s) approval. You should list both instructors already approved to teach for your company and those instructors for which you are now seeking approval.

Section A is provided for listing instructors that are currently approved to provide HSE RigPass training for your company. Please list the instructor's name. IADC staff will verify the approval status of each instructor you list in this section. No other application or evidence of approval is required.

Section B should be used for listing all new instructors for which you are requesting approval. DO NOT list instructors listed above in Section A.

Form SCO-05 should be appended to this application for each new instructor.

SECTION A - CURRENT APPROVED INSTRUCTORS

NAME	CERTIFICATE NUMBER	DATE OF BIRTH (OPTIONAL)

SECTION B - NEW INSTRUCTORS NEEDING APPROVAL

Applicant Name	Applicant Name

REMINDER: Form SCO-05 should be appended to this application for each new instructor seeking approval.

