



Safety Council of East Texas

SafeLand Release Form

Fax # 903-758-1826

or

email: melissa@etsafety.org

I, , am an approved contractor representative for
(Please print your Name/Title) (Please print your Company Name)

We are being required by certain oil company client(s) to have our employees successfully complete SafeLand Orientation. I do hereby request, authorize, and grant SAFETY COUNCIL OF EAST TEXAS permission to provide IADC with the SafeLand training record to designate successful completion of the orientation course. I understand that this is a requirement of SafeLand USA.

Address:

City: State: Zip Code:

Email:

Phone: Phone:

Date:

Authorized Signature

Please do not print below dotted line - for SCET use only

Company Account #:

SCET Staff Verified:

<input type="checkbox"/> Member
<input type="checkbox"/> Non-Member