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Email : info@pttco.org

IWCF DRILLING 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 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 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!**