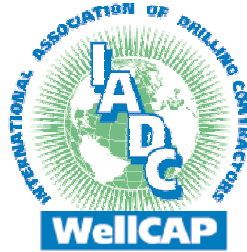


**INTERNATIONAL
ASSOCIATION
OF DRILLING CONTRACTORS**

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IADC Staff Use Only
Program/File ID _____

WellCAP®
**IADC WELL CONTROL
ACCREDITATION PROGRAM**

**INTRODUCTORY LEVEL ONLY PROGRAM
APPLICATION FOR ACCREDITATION**

Name of Accreditable Program	
Parent Organization (if different from Accreditable Program)	
Address (Location of Program's administrative offices)	
City	State
Zip/Postal Code	Country

TYPE OF INSTRUCTION

- Drilling/Workover & Completion Well Servicing

TYPE OF PROGRAM

- Drilling Contractor In-House Program
 Service Contractor In-House Program
 Operator/Producer Company In-House Program
 Commercial Training Organization
 University Affiliated _____
Specify School or College
- Nonprofit Training Organization
 Other _____

The Applicant certifies that this information is accurate and releases the officers and agents of IADC from liability as a consequence of this accreditation application and/or site visits of the Program.

IADC Contact/Correspondent	Responsible Corporate/Institutional Official
Title	Title
Address (if different from above)	Address (if different from above)
Address	Address
Signature _____	Signature _____
Date _____	Date _____
Telephone	Telephone
Fax	Fax
E-mail Address	E-mail Address
Web Site Address	Web Site Address