

WellCAP[®]
IADC WELL CONTROL ACCREDITATION PROGRAM
WCT-3S (SUPPLEMENT)

This form should be used to request the Review Panel to render a determination on Conditional accreditation. Conditional accreditation may be desirable in the following circumstances:

1. In the case of a new program or institution which does not have an established track record or customer base; and for which some form of accreditation may be required before operations can begin.
2. In the case of a traveling school or program located in an area where it may be difficult to promptly a site visit; and for which some form of accreditation is desirable prior to a site visit.

PART 1 — CONDITIONS OF REQUEST

Check the reason this request is being made:

- New Program or Institution**
 Note: Program application must indicate a high degree of intended compliance with the accreditation criteria and procedures.
- Existing Program or Institution**
(Traveling school or remote location)

PART 2 — BUSINESS REFERENCES

Provide three (3) business references (customers, industry contacts, etc.) through which the existence and performance record of this program and other general information may be verified.

Name & Company	Mailing Address	Phone & Fax

The undersigned hereby authorizes IADC to contact the above individuals to verify items regarding the operations of this program or institution and other information contained in the Application for Accreditation.

 Signature

 Date