

IADC Staff Use Only—Do Not Fill Out

- New Application IADC Member
- Renewal Date received _____ PC initials ____ WCT Program # _____
- Modifications Type of modification _____



**APPLICATION
FOR ACCREDITATION**

IADC Well Control: Fundamental and Supervisory Level

Second Edition

- | | |
|---|--|
| Part 1: Provider Information | Part 4: Administration |
| Part 2: Course Design and Delivery | Part 5: Quality Control |
| Part 3: Instructors | Part 6: Attestation and Agreement |

Instructions

To facilitate processing of an accreditation application, this form must be used by the applicant to describe the structure, format, and administration of its well control training facilities and course(s) offered. Please follow the instructions provided for each section. All responses (except signatures) should be printed or typed.

All items in this document must be completed. If an item is not applicable, it should be marked N/A. This booklet may be disassembled and portions copied as needed to allow the applicant to provide all requested information. When returning this document to IADC, please securely affix attachments.

Additional required attachments include course outline, at least one test used in the course, manuals, handouts, or other student materials, floor plans, cross reference tool, simulator descriptor, and application for each new instructor listed.. For the most expedient results, this form and attached materials should be submitted in English. IADC will accept submissions in other languages, but processing of these applications may be delayed by translation.

Please complete all portions of the application and attach the required documentation:

- WCT-05—Instructor Application (if needed)
- Copy of custom certificate design (optional)
- Any other supporting documentation (handbook, manual, checklists, tests or student assessments, etc.)

Note: For Introductory-Level Accreditation, see forms WCT-03DWI & WCT-03WSI.

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? Yes No

If so, prior name:

1.1 Application Type

New application Renewal
(of previously accredited program) (to currently accredited program) Modifications

Does this applicant provide or intend to provide WellCAP® training for employees of other businesses?
 Yes No

Does this applicant provide or intend to provide traveling WellCAP® training away from its primary facility or site?
 Yes No

Does this applicant hold other IADC accreditations or have they held one in the past? Yes No

If yes, list the accreditation and date when training was first accredited.

Also list accreditations and dates when training was suspended or discontinued.

In the space below, list government agencies or industry groups that have previously approved or recognized the well control training course(s) offered by this training applicant.

Please attach copies of certificates of approval or letters of recognition.

List the total number of well control students trained in previous calendar year.

1.2 Location of Provider's Administrative Offices	
Address Line 1	
Address Line 2:	
City:	State:
Country:	Zip/Postal Code:

1.3 Billing Address of Provider (if different from administrative offices)	
Address Line 1 (location of Provider's administrative offices):	
Address Line 2:	
City:	State:
Country:	Zip/Postal Code:

1.4 Contact Information		
<u>Responsible Corporate Official</u>		
First(Given Name):	Middle Name:	Last(Family Name):
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
Website: Do you have a website address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please provide the web address:		
<u>Administrative Contact/Correspondent</u> (person responsible for ordering Certificates of Completion):		
First(Given Name):	Middle Name:	Last(Family Name):
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		

Administrative Contact/Correspondent (responsible for reporting training records, unless same as above):

First(Given Name):	Middle Name:	Last(Family Name)::
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Job Title:

Phone:	Fax:	Alternate #:
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Email Address:

PART 2: COURSE DESIGN AND DELIVERY

2.1 Type of Program **(Check only one.)**

- Drilling Contractor In-House Program
- Ancillary Service Contractor In-House Program
- Operator/Producer Company In-House Program
- Commercial Training Organization
- University Affiliated (specify university) _____
- Nonprofit Training Organization
- Other (explain below)

2.2 Course Level and Options

Complete the following two pages (all of Sections 2.2 and 2.3) for each course.

Instructions: Complete this page and attach an outline for each course for which accreditation is sought.

Copy these two pages (Sections 2.2 and 2.3) as necessary for more courses (e.g., print the page, enter the information, and scan it as a PDF) and attach them to your application. A new application for accreditation must include at least one of the levels. Additional courses and levels may be submitted later.

Check only one. See instructions on previous page.

Fundamental Courses:

- CTFS - Coiled Tubing Fundamental Surface Stack Only
- DFC - Drilling Fundamental Combination Surface/Subsea Stack
- DFS - Drilling Fundamental Surface Stack Only
- SNFS - Snubbing Fundamental Surface Stack Only
- WLFS - Wireline Fundamental Surface Stack Only
- WOFS - Workover & Completion Fundamental Surface Stack Only

Combinations of the above courses:

- CTSNFS - Coiled Tubing/Snubbing Fundamental Surface Stack Only
- CTWLFS - Coiled Tubing/Wireline Fundamental Surface Stack Only
- CTWLSNFS - Coiled Tubing/Snubbing/Wireline Fundamental Surface Stack Only
- DWOFC - Drilling/Workover & Completion Fundamental Combination Surface/Subsea Stack
- DWOFS - Drilling/Workover & Completion Fundamental Surface Stack Only
- WLSNFS - Wireline/Snubbing Fundamental Surface Stack Only
- WOCTFS - Workover & Completion/Coiled Tubing Fundamental Surface Stack Only
- WOCTSNFS - Workover & Completion/Coiled Tubing/Snubbing Fundamental Surface Stack Only
- WOCTWLFS - Workover & Completion/Coiled Tubing/Wireline Fundamental Surface Stack Only
- WOCTSNWLFS - Workover & Completion/Coiled Tubing/Snubbing/Wireline Fundamental Surface Stack Only
- WOSNFS - Workover & Completion/Snubbing Fundamental Surface Stack Only
- WOSNWLFS - Workover & Completion/Snubbing/Wireline Fundamental Surface Stack Only
- WOWLFS - Workover & Completion/Wireline Fundamental Surface Stack Only

Supervisory Courses:

- CTSS - Coiled Tubing Supervisor Surface Stack Only
- DSC - Drilling Supervisor Combination Surface/Subsea Stack
- DSS - Drilling Supervisor Surface Stack Only
- SNSS - Snubbing Supervisor Surface Stack Only
- UBDS - Underbalanced Drilling Supervisor
- WLSS - Wireline Supervisor Surface Stack Only
- WOSS - Workover & Completion Supervisor Surface Stack Only

Combinations of the above courses:

- CTSNSS - Coiled Tubing/Snubbing Supervisor Surface Stack Only
- CTWLSS - Coiled Tubing/Wireline Supervisory Surface Stack Only
- CTSNWLSS - Coiled Tubing/Snubbing/Wireline Supervisory Surface Stack Only
- DWOSC - Drilling/Workover & Completion Supervisor Combination Surface/Subsea Stack
- DWOSS - Drilling/Workover & Completion Supervisor Surface Stack Only
- SNWLSS - Snubbing/Wireline Supervisor Surface Stack Only
- WOCTSS - Workover & Completion/Coiled Tubing/Supervisor Surface Stack Only
- WOCTSNSS - Workover & Completion/Coiled Tubing/Snubbing Supervisor Surface Stack Only
- WOCTSNWLSS - Workover & Completion/Coiled Tubing/Snubbing/Wireline Supervisor Surface Stack Only
- WOSNSS - Workover & Completion/Snubbing Supervisor Surface Stack Only
- WOSNWLSS - Workover & Completion/Snubbing/Wireline Supervisor Surface Stack Only
- WOWLSS - Workover & Completion/Wireline Supervisor Surface Stack Only

2.3 Course Delivery

2.3.1 Course Languages

Languages in which this course will be taught.

English Spanish Arabic Mandarin Other (specify):

2.3.2 Required Attachments and Inclusions

Attach all of the items listed below for each language in which the course is delivered:

- Course outline
- At least one example test that is used in this course
- Manuals, handouts, or other student materials
- Completed WellCAP *Cross-reference Tool* for appropriate course type

2.3.3 Class Size

Maximum class size for which each course is designed (NOTE: refer to WCT-01):

2.3.4 Course Duration

Indicate scheduled amount of course time in hours and minutes. (Note: Refer to the Handbook for Accreditation, WCT-01, for required minimum course duration times.)

Total length of course (excluding assessment): _____ hrs _____ min

Maximum delivery time per day: _____ hrs _____ min

2.3.5 Course Composition

List approximate percentage of time that each of the following components will be used in this course based on the minimum time requirement. List percentages, not times. Ranges are acceptable.

Lecture-discussion-demonstration: _____ %

Hands-on activities and simulation (minimum 30%): _____ %

Audiovisual (slides, film, video, etc.): _____ %

List AV titles:

2.4 Facility & Equipment

Single site

List location:

Multi-site

List locations:

If multi-site, are records retained at Accreditation location? Yes No

Traveling school

List location(s):

Describe minimum facility requirements for training site.

Note: For traveling well control schools, a floor plan is not required; however, please indicate, on a separate page marked Exhibit B, the applicant's minimum standards for the well control training site (i.e., give minimum room sizes, minimum lightening requirements, maximum noise levels, minimum environmental controls, etc.) the applicant will use for training. Sites should provide surroundings conducive to learning.

2.4.1 Facility Floor Plan(s)

Name of Accreditation Facility :

Training Location:

Room Type: Classroom Simulator room Room #:

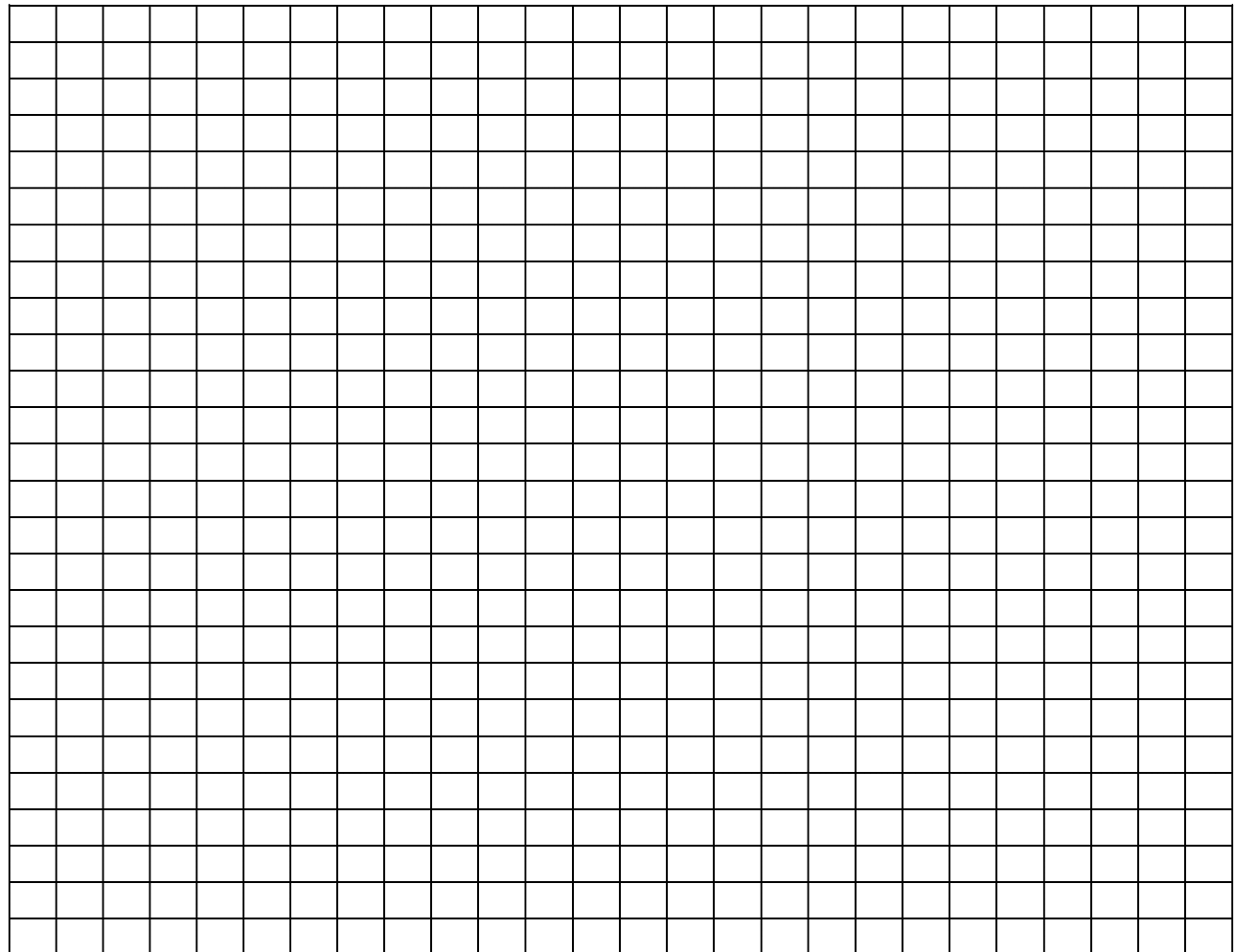
Drawing Description Scale:

One block = feet

One block = meters

Instructions (one page per classroom)

- Provide a line drawing of the classroom named above.
- Plan should include overall dimensions for each area.
- Prominent features, equipment locations, and seating areas should be labeled within the classroom.
- This sheet may be copied if necessary.
- Alternatively, floor plans may be copied to accommodate number of classrooms or on a separate sheet.
- Do **not** submit blueprints.



2.4.2 Equipment	
Well Control Simulators (Complete this form for each simulator.) Copy this form and attach as needed for additional simulators.	
Select the type of well control simulator used in well control training by the applicant. <input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic	
Accreditation Location:	Room #:
Simulator manufacturer and model number:	Date Built:
Number of simulators in this model:	
<u>Type of simulator</u> <input type="checkbox"/> Full-scale rig floor simulator <input type="checkbox"/> Portable simulator <input type="checkbox"/> Other (specify with description):	
<u>Capabilities</u> Check each function listed below that may be demonstrated or tested on this simulator.	
<input type="checkbox"/> Displays standpipe pressure at normal and slow pump rates <input type="checkbox"/> Displays drill pipe (tubing) and annulus (casing) pressures <input type="checkbox"/> Simulates a kick and displays pump pressure, shut-in drill pipe (tubing) pressure (SIDPP), and shut-in casing (annular) pressure (SICP) <input type="checkbox"/> Shows pump pressure as trainee brings pump on or off line and simulates bottomhole pressure changes when trainee manipulates choke and pump rate (speed) <input type="checkbox"/> Shows initial and final pump pressure when trainee circulates out a kick <input type="checkbox"/> Shows changes in SIDPP and SICP as trainee manipulates choke to circulate out a kick <input type="checkbox"/> Allows trainees to determine choke-line frictional pressures at various slow pump rates <input type="checkbox"/> Displays adjusted circulating pressures to compensate for choke-line friction <input type="checkbox"/> Shows effects on SIDPP and SICP when trainee adjusts choke <input type="checkbox"/> Displays effects of hole in drill pipe (or tubing) and plugged bit or workstring <input type="checkbox"/> Can be configured to accommodate wireline and coiled-tubing well control problems <input type="checkbox"/> Can be configured to accommodate stripping and snubbing operations	
For which elements of well control training will this simulator be used? <input type="checkbox"/> Demonstration or instruction only <input type="checkbox"/> Testing only <input type="checkbox"/> Demonstration, instruction, and testing	
List any modifications or upgrades that have been made to this simulator Provide approximate dates and, if possible, name of company or firm that performed modification or upgrade	

Live Wells

Use this section to describe live test wells used in well control training by this applicant (if applicable).

Copy this form and attach as needed for additional live test wells.

(Note: Use this section for live test well only. Do not include well simulators in this section.)

Well identification (if any):

Depth:

Capabilities

Check each function listed below that may be demonstrated or tested with equipment located on this well.

- Displays standpipe pressure at normal and slow pump rates
- Displays drill pipe (tubing) and annulus (casing) pressures
- Simulates a kick and displays pump pressure, shut-in drill pipe (tubing) pressure (SIDPP), and shut-in casing (annular) pressure (SICP)
- Shows pump pressure as trainee brings pump on or off line and displays bottomhole pressure changes when trainee manipulates choke and pump rate (speed)
- Shows initial and final pump pressure when trainee circulates out a kick
- Shows changes in SIDPP and SICP as trainee manipulates choke to circulate out a kick
- Allows trainees to determine choke-line frictional pressures at various slow pump rates
- Displays adjusted circulating pressures to compensate for choke-line friction
- Shows effects on SIDPP and SICP when trainee adjusts choke
- Displays effects of hole in drill pipe (or tubing) and plugged bit or workstring
- Can be configured to accommodate wireline and coiled-tubing well control problems
- Can be configured to accommodate stripping and snubbing operations

For which elements of well control training will this simulator be used?

- Demonstration or instruction only Testing only
- Demonstration, instruction, and testing

Additional information about how the live well will be used for training:

Miscellaneous Equipment

Use this section to list miscellaneous training aids or equipment that may be used in well control training by the applicant. Do not list basic equipment such as chalkboards, flip charts, desks, chairs, etc.

Videocassette and DVD players

Number of videocassette players:

Number of DVD players:

Slide, film, and video projectors

Number of slide projectors:

Number of film projectors:

Number of video projectors:

Interactive learning systems

Check interactive systems that are used by this applicant for well control training

Multimedia PC (MPC) CD-Interactive (CDI) Laserdisc

Other (description):

Other equipment

List other learning aids or equipment used for well control training.

2.5 Student Assessment

Instructions: Complete this section to document the training applicant's policies and procedures in administering the operation of its educational facilities. If more space is needed, type or print responses on plain 8 ½ x 11 or A4 paper and attach to the application.

How often are tests given during a typical course?

Check all that apply

- Daily
- After each major topic or unit of instruction
- Midway and at the end of the course
- At the end of the course
- Other (please describe):

Who is responsible for scoring tests?

List functions and titles of persons responsible:

What is the applicant's policy regarding missed tests or portions of tests?

- Applicant follows WellCAP® policy
- Applicant follows its own policy
If applicant follows its own policy, please state:

What is the applicant's policy regarding resetting of failed tests or portions of tests?

- Applicant follows WellCAP® policy
- Applicant follows its own policy
If applicant follows its own policy, please state:

What is the applicant's policy regarding revision and redesign of tests?

- Applicant follows WellCAP® policy
- Applicant follows its own policy
If applicant follows its own policy, please state:

Explain methods applicant uses to ensure security and confidentiality during testing.

Explain procedures and methods applicant uses to ensure that tests are not improperly copied or disbursed.

PART 3: INSTRUCTORS

Currently Approved Instructors

List instructors who are currently approved to provide WellCAP training for your company. Please list the instructor's name, check each course the instructor is approved to teach, and provide the instructor's certificate number. You will see an explanation of the codes at the bottom of the section. IADC staff will verify the approval status of each instructor you list in this section. No other application or evidence of approval is required. **Copy this page if needed for additional instructors.**

Name	Course(s) approved to teach	IADC Use Only
First(Given Name): Middle Name: Last(Family Name):	<input type="checkbox"/> D <input type="checkbox"/> WO <input type="checkbox"/> DWO <input type="checkbox"/> CT <input type="checkbox"/> SN <input type="checkbox"/> WL <input type="checkbox"/> UBD Level: <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/> S Stack Quality: <input type="checkbox"/> SS <input type="checkbox"/> SO Instructor's Cert. #	<input type="checkbox"/>
First(Given Name): Middle Name: Last(Family Name):	<input type="checkbox"/> D <input type="checkbox"/> WO <input type="checkbox"/> DWO <input type="checkbox"/> CT <input type="checkbox"/> SN <input type="checkbox"/> WL <input type="checkbox"/> UBD Level: <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/> S Stack Quality: <input type="checkbox"/> SS <input type="checkbox"/> SO Instructor's Cert. #	<input type="checkbox"/>
First(Given Name): Middle Name: Last(Family Name):	<input type="checkbox"/> D <input type="checkbox"/> WO <input type="checkbox"/> DWO <input type="checkbox"/> CT <input type="checkbox"/> SN <input type="checkbox"/> WL <input type="checkbox"/> UBD Level: <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/> S Stack Quality: <input type="checkbox"/> SS <input type="checkbox"/> SO Instructor's Cert. #	<input type="checkbox"/>
First(Given Name): Middle Name: Last(Family Name):	<input type="checkbox"/> D <input type="checkbox"/> WO <input type="checkbox"/> DWO <input type="checkbox"/> CT <input type="checkbox"/> SN <input type="checkbox"/> WL <input type="checkbox"/> UBD Level: <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/> S Stack Quality: <input type="checkbox"/> SS <input type="checkbox"/> SO Instructor's Cert. #	<input type="checkbox"/>
Approved Courses		
D - Drilling DWO - Combined Drilling/Workover-Completion SN - Snubbing UBD - Underbalanced Drilling	WO - Workover-Completion CT - Coiled Tubing WL - Wireline	Level I - Introductory F - Fundamental S - Supervisory
		Stack Quality SO - Surface Only SS - Combined Surface/Subsea

New Instructors

If you are submitting new instructors, please submit WCT-05 for each. List here all new instructors for which you are requesting approval. DO NOT include instructors already listed in the previous section.

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

Names of New Instructors			IADC Use Only
First(Given Name)	Middle Name	Last(Family Name)	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

PART 4: ADMINISTRATION

4.1 Course Registration

What process is in place to verify and record each student's identity? (Check all that apply.)

- Photo ID, such as a driver's license, passport, etc.
- Trainee's photo taken at the beginning of course
- Other, please describe

4.2 Issuance of Certificates

Who will be responsible for issuing Certificates of Completion?

Name: _____ Email: _____

4.3 Records

How does the applicant track and record trainee attendance?

- Applicant follows WellCAP[®] specifications
- Applicant follows its own specifications

If applicant follows its own specifications, please state:

What is applicant's policy regarding missed classes or portions of classes?

- Applicant follows WellCAP[®] policy
- Applicant follows its own specifications

If applicant follows its own specifications, please state:

List student and course records to be maintained.

How does the applicant maintain student and course records on courses it conducts?

- Applicant follows WellCAP® requirements
- Applicant follows another method of record keeping

Please explain:

How long does the applicant retain records?

Explain methods the applicant uses to ensure security of tests (if applicable) and confidentiality of student records.

PART 5: QUALITY CONTROL

Describe the process in place for periodic review of WellCAP® course content and delivery:

How does the applicant monitor the performance and effectiveness of its instructors?

Does the applicant have a process for obtaining student feedback on the following?

Course content Yes No

Instructors Yes No

List method(s) of student feedback or other instructor evaluation.

Please attach examples of evaluation forms used.

PART 6: ATTESTATION AND AGREEMENT

Please read the following “Attestation Statement” and the “Accreditation/Audit Policy Agreement” carefully; then complete the signature and information requirements at the end.

ATTESTATION STATEMENT:

The undersigned, acting as authorized agent(s) of the company applying for accreditation, hereby attest(s) that all information contained in this document is accurate and complete.

The applicant agrees that, to obtain and continue accreditation, it will adhere to the criteria and procedures contained in the *Handbook for Accreditation* (Form WCT-01). Any variance from the procedures and criteria must be approved by the WellCAP Review Panel.

The applicant has entered into this application and agreement voluntarily with the full knowledge and understanding that failure to comply with the aforementioned may result in rejection or revocation of accreditation or other sanctions.

ACCREDITATION/AUDIT POLICY AGREEMENT:

Contingent on receipt of accreditation by the International Association of Drilling Contractors ("IADC"), the Provider submitting this application ("Provider"), through the undersigned, as authorized representative of the Provider, hereby agree to the following conditions:

1. PROVIDER'S ACCREDITATION DUTIES

The Provider voluntarily agrees to accept IADC's accreditation standards and to submit necessary information for participation as an accredited Provider in accordance with procedures set forth in the *Handbook for Accreditation* (Form WCT-01). Failure to submit necessary supporting information and to abide by accreditation standards shall be due cause for revoking this agreement and any accreditation which has been granted to the Provider.

2. ACCREDITATION DETERMINATION

The Provider shall be deemed "accredited" when the WellCAP Review Panel has determined that the applicant meets program standards and has issued a formal certificate to applicant enabling applicant to publicly stipulate the Provider's compliance with accreditation procedures and standards. The Provider may publicly display said certificate only during such period as the Provider is in compliance with the accreditation procedures and standards. Provider shall not display the certificate when the necessary Panel's finding of compliance has been withheld or withdrawn. Subject to the right of due process appeal defined in the accreditation procedures, the Provider shall abide by the decision of the Panel as to the compliance or noncompliance of the Provider with applicable accreditation standards. The Provider shall not permit the display or use of the certificate other than as permitted by IADC and the terms of this agreement and the accreditation Procedures. Use of the certificate in contravention of this agreement will be due cause for IADC to revoke this Agreement and to issue a public announcement to this effect in accordance with the provisions of the *Handbook for Accreditation*.

POLICY AGREEMENT CONTINUED:

3. DIRECTORY OF ACCREDITED PROVIDERS

IADC shall prepare and publish periodically, as it deems appropriate, a Directory of Accredited Providers containing a list of all, which are accredited at the time of each publication. IADC shall publish periodic update the Directory as any additions to or deletions from the Directory occur.

4. PROGRAM ACCREDITATION PROCEDURES

Both IADC and the Provider shall follow and be controlled by the procedures and rules regarding the formulation of standards, reporting of information, complaints, representation of Provider status, display of formal certificates of participation in the Program, and due process appeals from decisions of the Panel and other matters to which this Agreement refers, as set forth in the Accreditation Procedures developed and periodically reviewed and updated by IADC.

5. PROGRAM'S GOOD FAITH COMPLIANCE

Program shall use all practical means at its disposal continuously to assure that the services it provides fully comply with the applicable accreditation standards at all times.

6. RIGHT TO AUDIT

When a site visit to audit a Provider is required, requested, or otherwise deemed necessary or desirable by IADC, IADC notifies the Provider of the approximate dates of a site visit. If a site visit is declined and cannot be rescheduled to the mutual agreement of IADC and the Provider, the school will be placed on probation, notwithstanding the provisions of appeal in the Accreditation Procedures. Upon scheduling a site visit, IADC selects, from a list of names it has approved, the site visitor(s). Detailed arrangements for the visit are made through direct contact between the Provider and the site visitor(s).

7. CHARGES OF PROVIDER'S NONCOMPLIANCE

The Provider agrees that if a claim of noncompliance with accreditation procedures or standards is filed against the Provider, it will promptly work to satisfactorily resolve the non-conformance. The Provider agrees to reimburse IADC for any expenses related thereto, unless the claim was filed by another Provider and is found to be without merit, in which case the charging the Provider shall reimburse IADC. The Provider agrees to reimburse IADC for expenses incurred in connection with a meritless charge that it files.

8. ACCREDITATION STATUS REPRESENTATION

When reference is made to Provider accreditation at any time, only the following shall be referred to or used: 1) The term "IADC Accreditation Pending," which may be used by a Provider that has made application for accreditation, until that time it is notified of the Panel's decision regarding accreditation; 2) The term "IADC Accredited" which may be used by a Provider that has been notified that it has received either conditional or full accreditation; 3) An official certificate or stamp issued by IADC, provided such certificate or stamp shall be printed in full, without alteration of any kind; or 3) A *WellCAP*[®] logo and trademark owned by IADC and whose nonexclusive use by the Provider is hereby licensed to the Provider upon official notification that it has received full accreditation. IADC shall have the right to notify the Provider of any material used or issued by the Provider that IADC considers to be misleading to the public in regard to any reference to IADC or the Provider's accreditation, and the Provider agrees on receipt of notice from IADC to terminate use of such materials and take such other steps as IADC may deem appropriate in the public interest.

POLICY AGREEMENT CONTINUED:

9. INDEMNIFICATION AND HOLD HARMLESS

The Provider agrees to indemnify and hold harmless IADC, the Panel, and their directors, officers, members, employees, and agents from and against any and all liability, loss, damages, costs, or expenses, including reasonable attorney's fees that the Provider may incur, suffer, or be required to pay by reason of, or in consequence of, Provider's actions, or breach of this Agreement or any acts or omissions of IADC or the Panel in respect to the right granted hereunder to obtain and to represent accreditation status or to display formal accreditation certificates, or that may be sustained or incurred in making any investigation on account of any claim, loss, cost, damage, or expense, or in defending or prosecuting any action, suit, or other proceeding that may be brought in connection therewith, or in enforcing any of the obligations herein contained, or in obtaining a release from liability in connections therewith.

10. DURATION AND TERMINATION OF AGREEMENT

The Provider agrees that IADC may, on 10 days written notice to the Provider, terminate this Agreement for any of the causes set forth in this Agreement and in accordance with the due process stated in the Accreditation Procedures. Otherwise, this Agreement shall be effective on the date of execution and shall be renewed automatically with the signature of the Provider of same agreement every 7 years.

Signature of Responsible Corporate Official:

Date:

Printed or typed name of Responsible Corporate Official:

First(Given Name)

Middle Name

Last(Family Name)

Title of Responsible Corporate Official: