



**INTERNATIONAL SAFETY TRAINING COUNCIL
SPECIALIZED TRAINING CLASS REQUEST
AND AUTHORIZATION FORM**

All information must be provided before the class will be scheduled.

Company Name: _____

Client ID: _____ P.O. # (if applicable) _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____

Requested Class Date: _____

Class requested: _____

Class cost: \$ _____ per participant + \$5.00 Social Security verification.

Number of participants attending: _____

Location: 3166 Decker Dr., Baytown, TX 77520 3749 Hwy 69 North, Beaumont, TX 77705

Other. Please provide address: _____

- All special requested classes require a minimum of 4 participants.
- All non-subscribers will be required to pay for training prior to completion of class.
- The company above will be responsible for all travel expenses incurred by ISTC personnel when training takes place at a location away from an ISTC facility.
- A minimum of 48 hours is required for all cancellations. All cancellations with less than 48 hours or no-shows will be billed full price. Substitutions are allowed.

Approved by: _____ (Company Representative)

Please email completed form to SpecializedTrainingRequest@istc.net.

You will be contacted using the information provided above to confirm the schedule.

For ISTC use only

ISTC Approval _____ Customer Service Department Notified _____ Classes Opened _____