

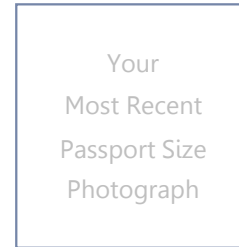


# Institute for Oil & Gas Sector

## Training Licensee Application Form

### Instructions:

1. Complete all the required fields.
2. Incomplete or improperly filled out application form is not processed.
3. Most delays in the application process are caused by sending incorrect, or unclear, versions of essential documents.  
Double check, before you submit your application that each of your supporting documents is legible and meets the criteria.
4. Send the completed and signed form to [enquiries@iogs.org](mailto:enquiries@iogs.org) with all your supporting documents.



Today Date: \_\_\_\_\_

### Select a Training

Insulation Inspector - IOGS/CII

PFP Inspector - IOGS/CFI

Coating Inspector - IOGS/CCI

### Your Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male \_\_\_\_\_ Address: \_\_\_\_\_

Female \_\_\_\_\_ Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Pin: \_\_\_\_\_

Country: \_\_\_\_\_

Direct Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

### Your Organization

Name: \_\_\_\_\_

Registered As: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Registered Address: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Pin: \_\_\_\_\_

Country: \_\_\_\_\_

Tel 1: \_\_\_\_\_ Tel 2: \_\_\_\_\_

Corporate Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Your Position in this Organization: \_\_\_\_\_

### Other Information

Have you ever conducted a similar training like us?	Yes	No
Can you submit an organizational chart of your company?	Yes	No
Does your organization hold ISO 9001 2015 certification?	Yes	No
Does your organization have a conference hall with all conference/training amenities?	Yes	No



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### Document Checklist

1. Attach registration certificate of your organization, along with other legal documents.
2. Attach organizational chart.
3. Attach a valid ISO 9001 2015 certificate.
4. Attach photographs of your conference hall.

Use below box to write 'how would you like to conduct IOGS training' if you don't have a conference hall?

### Application Terms & Conditions

By agreeing to our terms, I certify that all of the information contained in this application is true and complete.

I understand that misrepresentation, or omission of facts called for, is cause for withdrawal of this application for consideration.

I further understand that the application process involves a site visit to evaluate my organization to conduct a training program under IOGS certification scheme.

### Signature

**Name:**

**Signature:**

**Date:**

