



**BEST COMPLEX  
SPECIAL CLASS REQUEST  
AND AUTHORIZATION**

**BEST Complex shall provide the following classes at the request of:**

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

Client I.D.: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Classes Needed: \_\_\_\_\_

Date of Class: \_\_\_\_\_ Time: \_\_\_\_\_

- **Special request classes require the following student minimum charge.**

Firewatch / Fireguard – 6

MX06 – 6

Safety Overseer - 6

I authorize the BEST Complex, a division of ISTC, to bill stated company for the minimum number of units required or for actual training units taken if greater than minimum number.

Approved: \_\_\_\_\_

(Member Company Representative)

\_\_\_\_\_  
(BEST Complex Representative)

**RETURN VIA FAX TO (409) 833-2376**