

BEST COMPLEX
a division of INDUSTRIAL SAFETY TRAINING COUNCIL
SPECIAL CLASS REQUEST AND AUTHORIZATION

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

Company Name: _____

Client I.D.: _____

Address: _____

Phone: _____ Fax: _____

Classes Needed: _____

Date of Class: _____ Time: _____

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

Firewatch/Fireguard – 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