

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)

Please fill out form and click submit in the top right corner.
If you are unable to submit using the form please save the document
and email it manually to denzil@istc.net