



PEC
S A F E T Y

233 General Patton Avenue, Mandeville, LA 70471

Phone: 844-848-5884 | Fax: 985-892-8114

Instructor Application

Please complete the form in its entirety and return to inst-app@pecsafety.com.

Applicant - Company Information (Training Provider)							
Name of Company:				Federal Tax ID #:			
Phone:		Company Website Address:					
Mailing (Billing) Address:				Suite/Unit #:			
City:			State:		ZIP:		
Physical (Shipping) Address:				Suite / Unit #:			
City:			State:		ZIP:		
Supervisor/Training Coordinator:		Supervisor/Training Coordinator Email:					

Applicant - Personal Information (Instructor)							
Last Name:			First Name:			MI:	
Date of Birth:			Last 4 digits SSN:				
Street Address:					Apartment/Unit #:		
City:			State:		ZIP:		
Office Phone:		Cell Phone:	Work E-mail Address:				
Work Position / Title:					Time in Current Position:		

Educational Background			
High School	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma
College	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other:			

HSE Related - Professional Certifications and/or Instructor Certifications *			
Certification			Issuing Organization
Certification			Issuing Organization
Certification			Issuing Organization
Certification			Issuing Organization

Experience in Providing Classroom Instruction * (please check all HSE courses you have taught in the last 3 years)									
<input type="checkbox"/>	Personal Protective Equipment	<input type="checkbox"/>	Hazard Communications	<input type="checkbox"/>	Occupational Health	<input type="checkbox"/>	Offshore Safety & Transportation	<input type="checkbox"/>	Electrical Safety
<input type="checkbox"/>	Hazardous Energy Control	<input type="checkbox"/>	Fire Safety/ Prevention	<input type="checkbox"/>	First Aid & Bloodborne Pathogens	<input type="checkbox"/>	Process Safety Management	<input type="checkbox"/>	Excavation Safety
<input type="checkbox"/>	Elevated Work	<input type="checkbox"/>	Hydrogen Sulfide (H ₂ S)	<input type="checkbox"/>	NORM Awareness	<input type="checkbox"/>	Defensive Driving	<input type="checkbox"/>	Crane & Rigging
<input type="checkbox"/>	Changes in the Workplace	<input type="checkbox"/>	Lock Out Tag Out	<input type="checkbox"/>	Safety Analysis	<input type="checkbox"/>	Confined Spaces Safety	<input type="checkbox"/>	Forklift Safety
<input type="checkbox"/>	Other (Please List)								

**Please submit copies of certifications, authorizations, and other credentials to aid in establishing applicant's qualifications. For topics identified above, provide details on the next page and in resume concerning classroom instruction experience – when the class was taught & how often.*

Experience Detail (Please provide detail for all positions for the last 3 years, include additional sheet if needed.)

Current Company:		Start: Month _____ Year _____			
		End: Month _____ Year _____			
Work Position / Title:					
HSE Responsibilities:					
Classroom Experience: Please list topics from first page and provide additional detail. Do <u>not</u> include monthly safety meetings.					
<i>HSE Topic</i>	<i># Classes Taught</i>	<i>Frequency</i>	<i>HSE Topic</i>	<i># Classes Taught</i>	<i>Frequency</i>
Supervisor's Name:		Title:		Phone:	

Name of Company:		Start: Month _____ Year _____			
		End: Month _____ Year _____			
Work Position / Title:					
HSE Responsibilities:					
Classroom Experience: Please list topics from first page and provide additional detail. Do <u>not</u> include monthly safety meetings.					
<i>HSE Topic</i>	<i># Classes Taught</i>	<i>Frequency</i>	<i>HSE Topic</i>	<i># Classes Taught</i>	<i>Frequency</i>
Supervisor's Name:		Title:		Phone:	

Name of Company:		Start: Month _____ Year _____			
		End: Month _____ Year _____			
Work Position / Title:					
HSE Responsibilities:					
Classroom Experience: Please list topics from first page and provide additional detail. Do <u>not</u> include monthly safety meetings.					
<i>HSE Topic</i>	<i># Classes Taught</i>	<i>Frequency</i>	<i>HSE Topic</i>	<i># Classes Taught</i>	<i>Frequency</i>
Supervisor's Name:		Title:		Phone:	

Course Selection

Please indicate what PEC course you are requesting to be authorized to teach and ensure you meet the minimum qualifications identified in the checklist below.

PEC Basic Orientation	<input type="checkbox"/>	A PEC Basic Instructor is authorized to deliver the SafeLand & SafeGulf accredited one-day Basic orientation.
PEC Core Compliance	<input type="checkbox"/>	A PEC Core Instructor is authorized to deliver Basic Orientation, Core Compliance, and Core Refresher.
PEC H ₂ S Clear (4-Hour End User)	<input type="checkbox"/>	A PEC H ₂ S Clear (4-Hour End User) Instructor is authorized to deliver PEC H ₂ S Clear (4-Hour End User). If applying to attend the H ₂ S Clear (4-Hour End User) course, you must print your name in the H ₂ S Clear (4-Hour End User) Instructor Disclaimer listed on the bottom of Page 3.

If you'd like to request a class date/location, please list your request below. PEC will try to accommodate your request, but do not make travel arrangements until your class is confirmed and your seat is guaranteed by PEC staff.

BASIC Orientation Instructor – Applicant Qualification Checklist*

Experience in classroom instruction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Currently employed as a safety professional or trainer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Minimum of 6 months experience in Oil & Gas industry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Minimum of 1 year experience in providing HSE related services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Minimum of 50% of applicant's current job dedicated to providing services related to health and safety programs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume

COMMENTS (if answering "NO" to any of the above requirements to become an authorized PEC Basic Orientation Instructor, please comment and provided supporting documentation of related experience you are asking to be considered):

CORE Compliance Instructor – Applicant Qualification Checklist*

Experience in classroom instruction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Currently employed as a safety professional or trainer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Minimum of 1 year experience in Oil & Gas industry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Minimum 2 years of experience in providing HSE related services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Minimum of 50% of applicant's current job dedicated to providing services related to health and safety programs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Other HSE related instructor / trainer certifications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be supported with documentation

COMMENTS (if answering "NO" to any of the above requirements to become an authorized PEC Core Compliance Instructor, please comment and provided supporting documentation of related experience you are asking to be considered):

H₂S (4-Hour End User) Instructor– Applicant Qualification Checklist*

Experience in classroom instruction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Currently employed as a safety professional or trainer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Minimum of 6 months experience in Oil & Gas industry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Minimum of 1 year experience in providing HSE related services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume
Minimum of 50% of applicant's current job dedicated to providing services related to health and safety programs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*must be detailed on resume

COMMENTS (if answering "NO" to any of the above requirements to become an authorized PEC H₂S End User 4-Hour Instructor, please comment and provided supporting documentation of related experience you are asking to be considered):

H₂S End User 4-Hour Instructor Disclaimer

I, _____, acknowledge that PEC's H₂S (4-Hour End User) course does not provide students with the credentials to work in H₂S environments above the Occupational Exposure Limit (OEL) until such time as their employer provides and documents additional, applicable training required by 29CFR, including medical evaluation, fit test, and use of respirator, monitor and rescue equipment specific to the work place.

Operator or Contractor Requirement

Which Operator(s) or Contractor(s) are requiring training?

Prior PEC Instructor Approval and/or Record of PEC Training

Has the applicant ever previously been an authorized PEC instructor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	When?	
Has the applicant previously applied?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Result?	
Has the applicant previously attended a PEC student course?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PEC Card ID#?	

Additional Documents Required

All applicants must complete and submit the Instructor Application along with the following:

- **A detailed resume**
- **Any supporting HSE credentials**
- **A copy of their driver's license**
- **IRS Form W9 for the Training Provider listed on the application**

Acknowledgement *(sign & date below)*

Submission of this application does not guarantee acceptance into the Train The Trainer Program. All applications must be reviewed by the PEC Training Department to determine qualifications, as well as availability of the preferred class location and dates. PEC approval is required prior to attending a Train The Trainer course.

By my signature below, whether original or electronic, I understand that a registration fee will be charged once this application has been approved. Furthermore, I understand that registration fees are non-refundable and non-transferable.

By my signature below, whether original or electronic, I certify that the information and documentation I have provided is true and accurate. I authorize investigation into all statements I have made on this application as may be necessary for PEC/Premier Safety Management, Inc. to reach a decision.

By my signature below, whether original or electronic, I understand that any false or misleading information I knowingly provided may result in discharge and/or revocation of instructor authorization. I understand also that if authorized as a PEC instructor, I am required to conduct training classes in accordance to PEC Policies & Procedures. Authorization as a PEC Instructor may be suspended or revoked at any time by PEC.

Signature		Date	
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Application will not be accepted without applicant's signature and date.