



Temporary Registration

Wellsite Permit to Work Rev 3



Phil Scaar
Trainer Signature
in full

This is to certify that

JON HOLLINGWORTH

has demonstrated competency in Wellsite Permit to Work
System Rev 3:

- ☒ Wellsite Permit Authority
- ☐ Wellsite Permit Holder
- ☐ Operating Company Representative

Trainer Name *PHIL SCAAR*

Baseline Training & Consulting

Training Provider *PO Box 449*
BULIMBA QLD 4171

Issue Date *8/8/13* Expiry Date *19/9/13*