

JOB AUTHORIZATION FORM

NAME:			
	LASTNAME	FIRSTNAME	INITIAL
ADDRESS:			-
			BB:
NAT. REG. NO:			
TELEPHONE NO:			
TELEPHONE NO:	HOME:	CELL:	
	WORK:		
	(IF APPLIC	CABLE)	
EMAIL ADDRESS: _			
•	lational Petroleum Cor of Meter	poration to execute the following Reposition of Service	g works: -
At,			
(Stat	te address where work is to	be carried out if different from the abo	ove noted address)
		PLEASE READ	
service shall be the a person authorize	e responsibility of the p ed to sign on behalf of	curred in undertaking this work. erson signing the application un a company, organization or oth	less the application is made by er entity registered under the
Laws of Barbados I	n which case it will be '	the responsibility of the compan	y, organization or other entity.

Signature:	Date:
Applicant's ID No:	
Verified by:	Date:

Therefore, written authorization should be presented to the Corporation (NPC).