



**BASIN ELECTRIC
POWER COOPERATIVE**
A Touchstone Energy® Cooperative 

CLEARANCE AUTHORIZATION

To: Operating Authority

I _____ for _____

Received necessary training in the DFS Clearance Program in order to obtain and sign onto a Clearance at the Dry Fork Station.

I, _____, certify that _____ has
(Trainer- Print Full Name) (Trainee – Print Full Name)

been adequately trained and is competent in the DFS Clearance Program. He/she understands the responsibilities and procedures required for clearance protection.

Signature of Trainer: _____

Date: _____

I certify that I have received the training on the DFS Clearance Program and feel that I have the appropriate understanding, knowledge and skill to safely and effectively obtain and work under a clearance.

Signature of Trainee: _____

Contact / Phone Number Number: _____

Date: _____