



ISO 9001:2015 Certified

# 6020 Medical Gas Inspector Recertification Examination Request Form

(This request form is for the **2021** inspector written recertification).

- \* The fee per examination is \$60.00 dollars. This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express is also accepted. The method of payment must be attached at the time of submission or contact NITC to provide credit card payment information by phone at (877) 457-6482. For NITC No-Show, Cancellation and Refund Policy refer to the Candidate Bulletin.
- \* **This request form must be submitted no later than three (3) weeks prior to examination date.** Please e-mail to [medgascerts@nationalitc.com](mailto:medgascerts@nationalitc.com).
- \* **All exams will be administered via computer.**
- \* A minimum of 10 examinees is required for an examination. **If there are less than 10 examinees, a processing fee of \$175.00 will be applied.**

**Please complete all information below: (\*\*Required Fields\*\*)**

\*Examination Location: \_\_\_\_\_

\*Examination Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

\*Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

\*E-mail Results to: \_\_\_\_\_

\*Date of Examination: \_\_\_\_\_ Time: \_\_\_\_\_ \*Number of Examinees: \_\_\_\_\_

**\*\* I \_\_\_\_\_ (name of instructor) attest that all applicants will have completed the mandatory 4-hour training course per the ASSE Series 6000 Standard 6020 prior to the test date. Signature of Instructor: \_\_\_\_\_**

\* Will any additional examinations be given along with this examination? Yes  No

\* Need NITC to find a proctor: Yes  No

**Method of Payment**

**(\*\*Required Fields for credit card payments\*\*)**

\*Total Amount Enclosed: \$ \_\_\_\_\_ Check  Money Order  Visa  Master Card  AMEX

\*Credit Card No: \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_

\* CVV2: \_\_\_\_\_ *Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.*

\*Credit Card "Billing Address": \_\_\_\_\_ \*Credit Card "Billing Address" Zip Code: \_\_\_\_\_

\*Name on Card: \_\_\_\_\_ \*Signature: \_\_\_\_\_  
*As it appears on card (Please Print) Signature as shown on credit card*

## Exam materials will be emailed to the proctor

Proctor's Name:			
Address:			
City, State, Zip:			
Cell Phone No:		Email:	
Will the proctor waive his/her proctoring fees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please enter all information completely for each applicant. Examinees who do **NOT** have an email address will not be sent their exam results.

Name:		SSN / UA #/ Cert ID #:	
Address:		City:	
		State:	
		Zip:	
E-mail:		Phone #:	

Name:		SSN / UA #/ Cert ID #:	
Address:		City:	
		State:	
		Zip:	
E-mail:		Phone #:	

Name:		SSN / UA #/ Cert ID #:	
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		State:	
		Zip:	
E-mail:		Phone #:	

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		State:	
		Zip:	
E-mail:		Phone #:	

Name:		SSN / UA #/ Cert ID #:	
Address:		City:	
		State:	
		Zip:	
E-mail:		Phone #:	

Name:		SSN / UA #/ Cert ID #:	
Address:		City:	
		State:	
		Zip:	
E-mail:		Phone #:	