



ISO 9001:2015 Certified

6030 Medical Gas Verifier
Recertification Examination Request Form

(This request form is for the 2021 verifier 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.
\* This request form must be submitted no later than three (3) weeks prior to examination date. Please e-mail to 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 6030 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 #:	

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		Zip:	
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		Zip:	
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E-mail:		Phone #:	

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		State:	
		Zip:	
E-mail:		Phone #:	

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