



ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

6050 Medical Instructor Examination Request Form

- * The Medical Gas Instructor Course must be taught by a certified 6050 Medical Gas Instructor.
* The fee per examination is \$130.00. This must be prepaid. Please make check or money order payable to NITC.
* This request form and completed application(s) must be submitted no later than three (3) weeks prior to examination date.
* All exams will be administered via computer.
* A minimum of 10 applicants is required for an examination.
* It is the requesting entity's responsibility to notify each applicant.

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

*Examination Request: NFPA 2021 []

*Name of Instructor: _____ NITC ID #/UA ID #: _____

*Examination Location: _____

*Examination Address: _____

*City, State, Zip: _____

*Contact Person: _____ Phone No: _____

*E-mail Results To: _____

*Date of Examination: _____ Time: _____ *Number of Examinees: _____

*Have all applicants completed 40-hours of instruction per the ASSE Series 6000 Standard 6050? Yes [] No []

* 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 / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	

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