INSPECTION • TESTING • CERTIFICATION

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 $49.00 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.
- **All exams will be administered via computer.**
- A minimum of 10 examinees is required for an examination. I**f there are less than 10 examinees, a processing fee of $150.00 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***

National Headquarters: 501 Shatto Place, Suite 201 • Los Angeles, CA 90020
(877) 457-6482 • (213) 380-6482 • Fax (213) 351-7632
www.nationalitc.com

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 ☐ No ☐		

Please **print or type** all the information (completely) for each applicant as you would like it to appear on their certification.

Required Fields

*Name:			*S.S. # / UA #/ Cert ID #:				
*Address:		*City:		*State:		*Zip:	
Phone #:		E-mail:					

*Name:			*S.S. # / UA #/ Cert ID #:				
*Address:		*City:		*State:		*Zip:	
Phone #:		E-mail:					

*Name:			*S.S. # / UA #/ Cert ID #:				
*Address:		*City:		*State:		*Zip:	
Phone #:		E-mail:					

*Name:			*S.S. # / UA #/ Cert ID #:				
*Address:		*City:		*State:		*Zip:	
Phone #:		E-mail:					

*Name:			*S.S. # / UA #/ Cert ID #:				
*Address:		*City:		*State:		*Zip:	
Phone #:		E-mail:					

*Name:			*S.S. # / UA #/ Cert ID #:				
*Address:		*City:		*State:		*Zip:	
Phone #:		E-mail:					

*Name:			*S.S. # / UA #/ Cert ID #:				
*Address:		*City:		*State:		*Zip:	
Phone #:		E-mail:					

National Headquarters: 501 Shatto Place, Suite 201 • Los Angeles, CA 90020
(877) 457-6482 • (213) 380-6482 • Fax (213) 351-7632
www.nationalitc.com