



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 \$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.
* 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 \$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 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 **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:	