NATIONAL NITC INSPECTION • TESTING • CERTIFICATION

ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

Registration Form for Online
Med Gas Maintenance Recertification Examination

☐ **I have taken a minimum of (4) hours training to the current NFPA edition. Please include a copy of your "certificate of completion" or verification with this registration form.**

☐ I would like to receive notifications via text. ☐ I would like to receive notifications via email.

Results are provided at the completion of the examination.

First & Last Name: _____ S.S #: (last six) xxx- - _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____ *(Required)

The fee is $49.00 per re-certification examination. Please make check or money order payable to NITC. Visa, MC or Amex are also accepted. **Note:** *In some cases, payment is provided by the training agency or employer.* Method of Payment must be included with form or call to pay by phone at (888) 234-6482. *If payment is made by phone the form must be received via fax or email* maintenance@nationalitc.com *beforehand.*

Once payment has been received, you will receive an email from NITC within 4 to 5 business days with your online login information.

Signature of Applicant: _____ Date: _____

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: _____ ***As it appears on card (Please Print)*** *****Signature: _____ ***Signature as shown on credit card***

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