



ISO 9001:2015 Certified

6030 Medical Gas Verifier
Recertification Examination Request Form

(This request form is for the 2018 verifier written re-certification).

- * The fee for the exam 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 should be submitted no later than three (3) weeks before examination date. Please e-mail to medgascerts@nationalitc.com.
* A minimum of 10 applicants is required for an examination; if there are less than 10 applicants a processing fee of \$150.00 (computer based) will be applied.
* It is the requesting entity's responsibility to notify each applicant.

Please fill in the information below:

*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:

- * How would you like the exam to be provided? Computer Based Paper & Pencil (10 or more)
* 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:

Test packets will not be mailed to P.O. Boxes

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:	

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*State:		*Zip:	
Phone #:		E-mail:	

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*State:		*Zip:	
Phone #:		E-mail:	