NITC
INSPECTION • TESTING • CERTIFICATION

ISO 9001:2015 Certified

6020 Medical Gas Inspector
Examination Request Form

✳ **The Medical Gas Inspector Course must be taught by a certified 6050 Medical Gas Instructor.**

✳ The fee per examination is $177.00. 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.

✳ **The request form and completed application(s) must be submitted no later than three (3) weeks prior to 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 Request: NFPA 2015

*Name of Instructor: _____ Certification #: _____

*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 24-hours of instruction per the ASSE Series 6000 Standard 6020?   Yes ☐   No ☐

* Will any additional examinations be given along with this examination?   Yes ☐   No ☐

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

*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

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 ☐ 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 #:	Local No: (if applicable)	E-mail:	

*Name:		*S.S. # / UA #/ Cert ID #:	
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Phone #:		Local No: (if applicable)		E-mail:	