



EXAM REQUEST FORM ↗
AND
APPLICATION PROCESS

Submitting a Medical Gas Installer Exam Request Form

Important: Examination Request form and applications must be submitted together. Prior to submitting the exam request form, verify that all applicants have documented the minimum four years practical experience on their application. (The local cannot be listed as the employer).

1. Make sure the request form has the code year the candidates are going to take.
2. Name and certification number of the Instructor teaching the 32-hour course. (Must be a certified 6050 Instructor and have both Installer and braze current).
3. Name of the location where the examination will be held. Include the complete Address, City, State, and Zip Code.
4. Name and phone number of the person requesting the examination and who can be contacted if there are any problems or questions regarding the request.
5. This email address is used to email the examination results.
6. Date of examination (must be at a minimum three weeks from the date the request is being submitted). Time of exam and the number of examinees that will be testing).
7. Check “Yes” to confirm that the candidate will be completing the 32-hour course before the examination date.
8. Check “Yes: if other certification exams will be given at the same time (example: Med Gas Recertification). Check “No” if this is the only exam type that will be given.
9. If the examination will be administered on computer check “Computer Based”. If it will be administered paper base check “Paper & Pencil”. Note: Must have the minimum of 10 applicants to request a Paper & Pencil exam otherwise it will have to be administered via computer.
10. If you already have a proctored scheduled check “No”. If NITC needs to find a proctor check “Yes”. (Date and Time of exam are important).
11. All exams must be paid in order to process the request. Method of payment can be provided on the request form or you may contact the NITC office to provide payment over the phone.
12. NITC is ISO 9001:2018 certified. All of NITC’s forms are controlled and have a form number and revision date. Make sure you have the most current form by going to the certifications page on our website www.nationalitc.com.



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6010 Medical Gas Installer / Brazer Examination Request Form

- * **The Medical Gas Installer Course must be taught by a certified 6050 Medical Gas Instructor.**
- * The fee per examination is \$116.00. 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: (**Required Fields**)

1. *Examination Request: NFPA 2015

2. *Name of Instructor: Jaime Valdivia Certification #: 00008837

3. *Examination Location: NITC

*Examination Address: 501 Shatto Place

*City, State, Zip: Los Angeles, CA 90020

4. *Contact Person: Diana Monarrez Phone No: (213) 380-6482

5. *E-mail Results to: diana@nationalitc.com

6. *Date of Examination: 03/01/2019 Time: 6:00PM *Number of Examinees: 10

7. *Have all applicants completed 32-hours of instruction per the ASSE Series 6000 Standard 6010? Yes No

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

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

10. * Need NITC to find a proctor: Yes No

Method of Payment

11.

*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*

Proctor Information

13. Proctor name and address if you already have the proctored scheduled. Must have a street address if exams are being administered paper and pencil (exam packet are shipped to the proctored via UPS). If NITC needs to find a proctor, leave this portion blank.
14. include a valid phone number and email address. If examinations are administered computer based the examination information is emailed to the proctor.
15. Mark “No” if NITC will be paying the proctor for their services (must have a minimum of ten applicants). Mark “Yes” if the proctor will not be paid, usually when there are less than ten applicants (computer based only). If there are less than ten applicants and the proctor is not waiving the proctoring fees a processing fee of \$150.00 will be applied.

Applicant Information

16. Full name of applicant (as it appears on their Driver’s License/Identification card). Identification number can be one of the three options: SSN, UA ID number or NITC certification ID number.
17. Current Address, City, State, Zip Code.
18. Phone number, Local union if applicable, and email address.
19. Select whether the individual will be taking:
Check Med Gas Written/Braze when it’s the first time taking the exam or if the applicant previously failed both parts of the examination .
Check Med Gas Written Only if the applicant previously failed the written Installer exam and passed the braze or if they were previously certified and let their Installer certification expire for more than 1 year.
20. When the request form is completed it should be emailed to the email address provided on the first page. The processor will email that the request has been received. If you do not receive a confirmation within the next 3 business days please contact our office as soon as possible at (877) 457-6482.

Due to the volume of exam requests. NITC is not able to review all applications right away. If applications are not filled out correctly the candidate may be removed from the session. It is extremely important for you to review all the applications before submitting them.

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

13.	Proctor's Name:	David Otterstein		
	Address:	1234 Somewhere Ave.		
	City, State, Zip:	Los Angeles, CA 90020		
14.	Cell Phone No:	213-555-5555	Email:	info@nationalitc.com
15.	Will the proctor waive his/her proctoring fees?	Yes <input type="checkbox"/>	No <input checked="" 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****

16.	*Name:	John Doe		*S.S. # / UA # / Cert ID #:	123-45-6789	
17.	*Address:	1111 My Street	*City:	Los Angeles	*State:	CA *Zip: 90020
18.	Phone #:	(213) 987-6543	Local No: (if applicable)	9999	E-mail:	johndoe@something.com
19.	*Please Check One:		Med Gas Written/Braze <input checked="" type="checkbox"/>	Med Gas Written Only <input type="checkbox"/>		

*Name:	Examinee 2		*S.S. # / UA # / Cert ID #:	987-65-4321	
*Address:		*City:		*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:	
*Please Check One:		Med Gas Written/Braze <input type="checkbox"/>	Med Gas Written Only <input checked="" type="checkbox"/>		

*Name:	Examinee 3		*S.S. # / UA # / Cert ID #:	111-22-3333	
*Address:		*City:		*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:	
*Please Check One:		Med Gas Written/Braze <input checked="" type="checkbox"/>	Med Gas Written Only <input type="checkbox"/>		

*Name:			*S.S. # / UA # / Cert ID #:		
*Address:		*City:		*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:	
*Please Check One:		Med Gas Written/Braze <input type="checkbox"/>	Med Gas Written Only <input type="checkbox"/>		

*Name:			*S.S. # / UA # / Cert ID #:		
*Address:		*City:		*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:	
*Please Check One:		Med Gas Written/Braze <input type="checkbox"/>	Med Gas Written Only <input type="checkbox"/>		

Filling out an Application

Make sure you have the most current application by going to the certifications page on our website www.nationalitc.com.

1. The applicant must check this box if they are listed on the request form and taking the exam with the proctor.
2. If the applicant is taking the exam at a PSI center then they would check this box and a valid email address must be provided. Proof of the course is required.
3. This box must be checked stating that they have the four years documented practical experience and must be listed on number 13.
4. The applicant must check this box stating that they will be completing the course with an ASSE 6050 Instructor.
5. It is not required for the candidate to read the candidate bulletin but it is recommended so they know about the examination and certification.
6. If two NPFA code exams are available at the time check the correct NPFA Code exam they will be taking. (At the moment on the NPFA 2015 if available).
7. If applicant wants to receive NITC Certification notifications they can check one of both of the boxes (email or text). Must provide a valid email and/or cell phone number.
8. Name of applicant as it is shown on their State Driver's License or ID. The SSN is only required the first time the application is filled. If a UA number or NITC ID number has already been issued that can be used in place of the SSN.
9. Complete address of the applicant. If the applicant moved it is important to update this information by email info@nationalitc.com or going to our website and fill out the [Change of Address Notice](#).
10. Email address and phone numbers should be filled out in case NITC needs to get in contact with the applicant.
11. Location of the course, the date of the course and the name of the Instructor. Not required if testing with the group because this information should be on the request form.
12. If the applicant is a local member write the local number they belong to and their UA id number.
13. Four years of documented practical work experience are required. If the applicant has had more than three employers a separate page listing the other employers can be attached with the application. A Local dispatch history may also be sent in. (The local cannot be listed as the employer).
14. Signature of the applicant and the date the application is being signed. (Typed signatures are not accepted).



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Application for Medical Gas Installer/Brazer Certification Examination

1. I will be taking this exam at the instruction site upon completion of my course.
2. I will be taking this exam at a PSI center. (Provide method of payment below.)
3. I have a minimum of four (4) years of documented practical experience in the installation of piping systems.
4. I will have completed the required 32-hour training course prior to my test date. (Course instruction must be conducted by a Medical Gas Systems Instructor certified to ASSE 6050. See ASSE Standard 6010, Section 10-3.2.3.)
5. I have read the [Candidate Information Bulletin for NITC Medical Gas Installer/Brazer Examination](#).
6. I am requesting the examination to the **NFPA 99-2015 Edition**.
7. I would like to receive notifications via text. I would like to receive notifications via email.

8. John Doe 123-45-6789
 First Name M.I. Last Name SS#

9. 1111 My Street Los Angles Ca 90020
 Street Address City State Zip

10. johndoe@something.com Home Phone Work Phone Cell/Other Phone
 Email Address 213-987-6543

11. NITC Training Center 02/25/2019 Jaime Valdivia
 Training Course Location Training Course Date Name of Instructor

12. 9999 00034293
 Local Union # (If Applicable) Certification ID Number (If Applicable)

List your present or most recent employer first. Attach any documentation you have that would prove that you have four (4) years experience in the installation of piping systems. Acceptable documentation: letters from employers, employment history, certification records, state license(s) and any other employment records. (Phone numbers are required for verification.)

13. Employer, City & Phone #	From Month/Year	To Month/Year
123 Mechanical	01/2017	02/2019
XYZ Plumbing	02/2016	01/2017
ABC 123 Plumbing	01/2015	02/2016

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be cause for disqualification.

As a holder of an NITC Certification I shall agree to the following:

- I will make no any false claims about the scope of my certification(s)
- I will not engage in false or misleading advertising of my NITC Certification, nor shall I utilize an NITC certification in any manner that portrays NITC unfavorably.
- I will not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.
- I will notify NITC without delay of any changes in my capability to fulfill the requirements of this certification.

I understand that NITC reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the "holder" of an NITC Certification and shall return any certificates, including wallet sized photo identification cards to NITC.

I understand and agree that my examination results may be shared with the course instructor, training coordinator or training entity.

By affixing my signature to this application I agree to abide by the rules and regulations of certification holders as set forth by the NITC Certification Committee.

14. Signature of Applicant:  Date: _____

For Method of Payment see page 3

15. Examination information sheet. Does not need to be sent it with the application.



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Information Sheet for Medical Gas Installer/Brazer Certification Examination

TO QUALIFY FOR THIS EXAMINATION all candidates must meet the requirements of the ASSE Series 6000, Professional Qualifications Standard for Medical Gas Systems Personnel, Standard 6010, Section 10-3.2. Applicants should include the following:

A [Candidate Information Bulletin](#) has been developed to help ensure your success. Since the information contained in each section of the Bulletin will answer many of the questions you might have, it is required reading prior to proceeding with this application. Download a copy from www.nationalitc.com or call (877) 457-6482 to request a copy.

1. Successful completion of a minimum 32-hour training course conducted by an instructor certified to ASSE 6050 and
2. Successful completion of a written and a practical examination covering all facets of ASSE Standard 6010, NFPA 99, and NFPA 55 and
3. A minimum of four years of documented practical experience in the installation of piping systems.

THE EXAMINATION FEE is One Hundred-Sixteen Dollars (\$116.00). This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express are 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, Reschedule, Cancellation and Refund Policy refer to the Candidate Bulletin.

For re-testing, or those who cannot attend the examination with their instructor, the multiple-choice examination is available computer-based at PSI centers. To locate a PSI center near you visit <https://nationalitc.com/psi-locator.cfm>.

For Individuals requesting to take an examination at a PSI center there will be an additional fifty dollar (\$50.00) processing fee. These fees vary according to the length of time allowed for the examinations. Please contact our office to confirm what the processing fee will be for your examination.

Exams given at PSI centers require that an email address be provided. You will receive an e-mail confirmation with your login information to schedule the exam date and time. For any examination scheduled at a PSI center, cancellation and rescheduling must be made at least 48 hours prior to the assigned date and time or a rescheduling fee will be assessed.

All electronic devices are prohibited. **No PDAs, cellular telephones, or any other types of devices that record or send data are allowed to be used during the examination.**

SPECIAL REQUESTS FOR TAKING THE EXAMINATION

Information on special accommodations can be found in Section XVI of the [NITC's Rules and Procedures Manual](#), available for download from our web site at www.nationalitc.com.

Keep this page for your records. Return Page 1 to NITC via fax (213) 351-7632, e-mail to medgascerts@nationalitc.com, or mail to the address shown below. For more information call (877) 457-6482.



16. Payment information sheet. Only send in if the applicant is paying for the exam themselves or if they are testing at a PSI center.



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Method of Payment for Medical Gas Installer/Brazer Certification Examination

If you will be taking a computer-based certification examination at a PSI location, you will need to pre-pay your examination fee of \$166.00 by one of the methods shown below or you may call NITC with your payment information.

***Please Note: Installer with braze cost does NOT apply with testing at a PSI center.**

16. (**Required Fields for credit card payments**)

First Name of Applicant	Last Name of Applicant	SS#
*Total Amount Enclosed: \$ _____ Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/>		
*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: _____ <small>As it appears on card (Please Print)</small>		*Signature: _____ <small>Signature as shown on credit card</small>

Return this along page along with the application on Page 1, completed and signed, to NITC. You may send it via fax to (213) 351-7632, e-mail to medgascerts@nationalitc.com, or mail to the address shown below. For more information call (877) 457-6482.

NITC NO SHOW/CANCELLATION and REFUND POLICY

CREDITS: NITC will issue a credit to no shows, cancellations, etc. The credit, redeemable for six months, will be issued to the group or individual for the next available examination. It is the responsibility of the group or individual to keep track of their credit and its expiration date in six months.

Example: A group requested 30 examinations and only 27 candidates showed up. A credit for 3 candidates will be given to the group for the next examination within a six-month period.

REFUNDS: Requests for refunds must be received in writing and will be issued only upon approval from the Executive Vice President. Refunds are equivalent to 50% of the fee for the examination(s). Full refunds will **only** be given as a result of uncontrollable events such as severe weather, airline flight cancellations, etc.

F Candidates withdrawing or canceling after the deadline, or not sitting for the examination, will forfeit all application fees and will NOT receive a refund.

NOTE: Individuals who wish to have their photo appear on their Certification card must submit a photo along with their completed application. There is no additional fee to have a photo appear on a Certification Card as long as the photo is submitted at the time of application. Certification cards shall be issued without a photo unless a photo ID is supplied along with the completed examination (see above). If a card is issued without a photo, the fee for a duplicate wallet-sized ID card will be required when requesting a new card with a photo. (The UA does not send NITC copies of photos submitted to them).

You may send passport size pictures **uncut**. Passport photos can be sent in at your expense. When sending the photo please **clearly print** your full name and last six digit of social security number or ID number on the back side of the photo. (Example: SS# John Doe, #45-6789 or ID# John Doe).

Digital photos will also be accepted via e-mail to photo@nationalitc.com using .bmp (bitmap) or .jpg (jpeg) format. Size does not matter; photos can be sized and cropped at N.I.T.C. Your photo file must include your full name, and last six digits of social security number or ID number. (example: SS# John Doe 45-6789.bmp or ID# John Doe 123456).

Be sure your picture is clear and has good contrast. Example: ear to ear and crown of head to chin).

Note: Remove dark glasses for proper identification. No pictures will be accepted with dark glasses, copies of digital photos, printouts from digital photos, or copies of identification cards. Any picture received with bad quality will be returned.

Example of the new NITC identification card below:



Quality Policy

- **NITC is committed to providing high quality, efficient certification services that are up to date with industry requirements.**

We will strive to continuously improve in all areas to achieve defect-free processes.

National Inspection Testing Certification

- **For more information visit or contact NITC at:**
 - **www.nationalitc.com**
 - **(877) 457 - 6482**