



ISO 9001:2015 Certified

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.**

Results are provided at the completion of the examination.

First & Last Name: _____ SSN / NITC ID #/ UA ID #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell/Other Phone: _____
 Email: _____ *(Required)

The fee is \$60.00 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) 234-6834. *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 2 to 3 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: _____ *Signature: _____
As it appears on card (Please Print) *Signature as shown on credit card*