



ISO 9001:2015 Certified

6005 Medical Gas Generalist Examination Request Form

- * **The Medical Gas Generalist Course must be taught by a certified 6050 Medical Gas Instructor.**
- * The fee per examination is \$130.00 per examinee.
- * **The exam request must be prepaid.** Acceptable forms of payment: Check or Money Order payable to NITC, Visa, MasterCard, American Express. (Attach payment details or contact NITC at (877) 457-6482 to pay by phone). For NITC's No-Show, Cancellation and Refund Policy refer to the [Rules and Procedures](#).
- * This form and all completed applications **must be submitted no later than three (3) weeks prior** to the scheduled examination date. E-mail to: medgascerts@nitc.com.
- * **All exams will be administered via computer.**
- * A minimum of 10 applicants is required. If fewer than 10, a **\$175.00 processing fee** will apply.
- * It is the **responsibility of the requesting entity** to notify each applicant.

Please complete all information below: (**Required Fields**)

***Examination Request:** NFPA 2021 ☐ NFPA 2024 ☐

***Name of Instructor:** _____ **NITC ID #/UA ID #:** _____

***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 6005? Yes ☐ No ☐

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

Exam materials will be emailed to the Proctor

Proctor's Name:			
Address:			
City, State, Zip:			
Cell Phone No:		Email:	
Will the proctor waive his/her proctoring fees?		Yes ☐	No ☐

Please enter all information completely for each applicant. Examinees who do **NOT** have an email address will not be sent their exam results.

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	
E-mail:		Phone #:	
		State:	
		Zip:	
		Local No: (if applicable)	

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	
E-mail:		Phone #:	
		State:	
		Zip:	
		Local No: (if applicable)	

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	
E-mail:		Phone #:	
		State:	
		Zip:	
		Local No: (if applicable)	

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Address:		City:	
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		State:	
		Zip:	
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