

**6010 Medical Gas Verifier****Recertification Examination Request Form**

Use this form only for the 2024 Medical Gas Verifier written recertification examination.

Before You Submit

- **Fee and payment:** \$60 per applicant. The examination fee must be prepaid.
- **Accepted payment:** Check or money order payable to NITC; Visa, MasterCard, or American Express. You may also call NITC at (877) 457-6482 to pay by phone.
- **Submission deadline:** Email this form at least three (3) weeks prior to the requested examination date to medgascerts@nitc.com.
- **Exam delivery:** All examinations are administered by computer.
- **Minimum group size:** A minimum of 10 applicants is required. If fewer than 10 applicants are scheduled, a processing fee of \$175 will be applied.
- **Applicant notification:** The requesting entity is responsible for notifying each applicant.
- **Policies:** For NITC no-show, cancellation, and refund requirements, see the [Rules and Procedures](#).

Complete electronically or print clearly. Required fields are marked with an asterisk (*).

Requesting Entity and Examination Details

*Name of Instructor		NITC ID / UA ID	
*Examination Location			
*Examination Address			
*City, State, ZIP			
*Contact Person		Phone Number	
*Email Results To			
*Examination Date MM/DD/YYYY		Start Time Include AM or PM	*Number of Examinees
*Have all applicants completed a minimum 4-hour training course to NFPA 99, 2024 edition?		☐	Yes ☐ No ☐
*Will additional examinations be administered with this examination?		☐	Yes ☐ No ☐
If Yes, List Examination(s)			
*Do you need NITC to locate a proctor?		☐	Yes ☐ No ☐

Payment

Credit Card Authorization - Complete only when card information is provided on this form.

*Total Amount Enclosed	Applicant fees + processing fee, if applicable		\$			
Payment Method	☐ Check	☐ Money Order	☐ Visa	☐ MasterCard	☐ American Express	☐ Discover
*Card Number			*Expiration Date	MM/YY		
*CVV2			Visa/MasterCard: last 3 digits on back. American Express: 4 digits on front.			
*Billing Address				*Billing ZIP Code		
*Name on Card			*Cardholder Signature			

Proctor Information

Exam materials will be emailed to the proctor. Complete this section if a proctor has been selected. Leave it blank when asking NITC to locate one.

Proctor Name			
Address			
*City, State, ZIP			
Cell Phone		Email	
Will the proctor waive his/her proctoring fees?	☐	Yes	☐ No

Submission Checklist

- ☐ Request and examination details are complete.
- ☐ Payment is enclosed, card authorization is complete, or payment was made by phone.
- ☐ The applicant roster is complete and includes an email address for each applicant who should receive results.
- ☐ Proctor information is complete, or NITC has been asked to locate a proctor.

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 / UA # / Cert ID #:		
Address:		City:		State:	ZIP:
Email:			Phone #:		

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