

## **INSPECTION • TESTING • CERTIFICATION**

## **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 \$200.00. 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: <a href="mailto:medgascerts@nitc.com">medgascerts@nitc.com</a>.
- \* 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\*\*)

*Name of Instructor:  *Examination Location:  *Examination Address:  *City, State, Zip:  *Contact Person:  *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 *Need NITC to find a proctor: Yes No *Need NITC to find a proctor: Yes No *Need NITC to find a proctor: Yes No *Total Amount Enclosed: * Check Money Order Visa Master Card AMEX *Credit Card No:  *Credit Card No:  *Credit Card No:  *Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.	*Examination Reques	st: NFPA 2021 🗌 🕒 N	NFPA 2024 🗌				
*Examination Address:  *City, State, Zip:  *Contact Person:  *E-mail Results to:  *Date of Examination:  *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 *Need NITC to find a proctor: 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:  **Credit Card No: *Expiration Date:  **CVV2: Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.	*Name of Instructor:		NITC ID #/UA ID #:				
*Examination Address:  *City, State, Zip:  *Contact Person:  *E-mail Results to:  *Date of Examination:  *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 *Need NITC to find a proctor: 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:  **Credit Card No: *Expiration Date:  **CVV2: Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.	*Examination Location:						
*Contact Person: Phone No: 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 *Need NITC to find a proctor: Yes No *Need NITC to find a proctor: Yes No *Total Amount Enclosed: \$ Check Money Order Visa Master Card AMEX *Credit Card No: *Expiration Date: *Expiration Date: *CVV2: Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.							
*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 *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.							
*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  *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.							
*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  *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.	*E-mail Results to:						
*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 *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.							
*Total Amount Enclosed: \$ Check  Money Order  Visa  Master Card  AMEX    *Credit Card No:  *Expiration Date:  *Expiration Date:    *CVV2: Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.	* Will any additional examinations b	pe given along with this examina					
*Total Amount Enclosed: \$ Check	/++ F	· · · · · · · · · · · · · · · · · · ·					
*Credit Card No: *Expiration Date:  * CVV2: Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.	•	-	,				
* CVV2: Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.	*Total Amount Enclosed: \$	Check	r 📙 Visa 📙 Master Card 📙 AMEX 📙				
	*Credit Card No:		*Expiration Date:				
*O = 11 O = 1 * D !!!	* CVV2: Last three or four	<sup>r</sup> digits on back of Visa and Master	Card, Amex CVV2 on front of card.				
*Credit Card "Billing Address": *Credit Card "Billing Address" Zip Code:	*Credit Card "Billing Address":	*Cro	edit Card " <i>Billing Address</i> " Zip Code:				
*Name on Card:  As it appears on card (Please Print)  *Signature:  Signature as shown on credit card		*Signatu	Ire:				

## Exam materials will be emailed to the Proctor

	Proctor's	Name:									
	Address:										
	City, Stat	e, Zip:									
	Cell Pho	ne No:		Ema	il:						
			waive his/her proctori			 Yes □ No □					
	vviii ti ie p	iloctol w	valve fils/fier proctori	ilg lee	:5!	res 🗀 No 🗀					
Please enter all information completely for each applicant. Examinees who do <u>NOT</u> have an email address will not be sent their exam results.											
addi C	oo wiii iiot	DC SCIIC	their examinedate.								
Na	me:					SSN / NITC ID #/	UA ID #:				
Ad	dress:			City	:		State:	Zip:			
E-r	mail:				Phor	ne #:	Local No:	(if applicable)			
								T			
	me:			T 0:1		SSN / NITC ID #/		 			
	dress:			City		"	State:	Zip:			
E-r	mail:				Phor	ne #:	Local No:	(if applicable)			
Na	me:					SSN / NITC ID #/	114 ID #·				
	dress:			City			State:	Zip:			
-	nail:			1 Oity	<u>·                                    </u>	ne #:	ı	(if applicable)			
								(			
Na	me:					SSN / NITC ID #/	UA ID #:				
Ad	dress:			City	:		State:	Zip:			
E-r	mail:				Phor	ne #:	Local No:	(if applicable)			
						I .		1			
-	me:					SSN / NITC ID #/					
	dress:			City			State:	Zip:			
E-r	mail:				Phor	ne #:	Local No:	(if applicable)			
No	me:					SSN / NITC ID #/	11A ID #:	1			
-	dress:			City		33N / NITC ID #/	State:	Zip:			
	nail:			City	·	ne #·	I .				
E-mail:   Phone #:   Local No: (if applicable)											
Na	me:					SSN / NITC ID #/	UA ID #:				
	dress:			City	: [		State:	Zip:			
E-r	mail:				Phor	ne #:	Local No:	(if applicable)			
				· <u></u>							