



ISO 9001:2015 Certified

6030 Medical Gas Verifier Examination Request Form

- * **The Medical Gas Verifier Course must be taught by a certified 6050 Medical Gas Instructor.**
- * **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 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 32-hours of instruction per the ASSE Series 6000 Standard 6030? 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 <input type="checkbox"/>	No <input type="checkbox"/>	

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:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Please Check One: Both Written and Practical <input type="checkbox"/> Written Only <input type="checkbox"/> Practical Only <input type="checkbox"/>			

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Please Check One: Both Written and Practical <input type="checkbox"/> Written Only <input type="checkbox"/> Practical Only <input type="checkbox"/>			

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Please Check One: Both Written and Practical <input type="checkbox"/> Written Only <input type="checkbox"/> Practical Only <input type="checkbox"/>			

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Please Check One: Both Written and Practical <input type="checkbox"/> Written Only <input type="checkbox"/> Practical Only <input type="checkbox"/>			

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Please Check One: Both Written and Practical <input type="checkbox"/> Written Only <input type="checkbox"/> Practical Only <input type="checkbox"/>			

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Please Check One: Both Written and Practical <input type="checkbox"/> Written Only <input type="checkbox"/> Practical Only <input type="checkbox"/>			