



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](mailto: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 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)	
<b>Please Check One:</b> 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)	
<b>Please Check One:</b> 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)	
<b>Please Check One:</b> 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)	
<b>Please Check One:</b> 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)	
<b>Please Check One:</b> 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)	
<b>Please Check One:</b> Both Written and Practical <input type="checkbox"/> Written Only <input type="checkbox"/> Practical Only <input type="checkbox"/>			