NATIONAL NITC INSPECTION • TESTING • CERTIFICATION

ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

6010 Medical Gas Installer

Recertification Examination Request Form

Use this form only for the 2024 Medical Gas Installer 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**		

National Headquarters: 501 Shatto Place, Suite 201, Los Angeles, CA 90020 | (877) 457-6482 | (213) 380-6482 | www.nitc.com

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	*Optional note*	

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 #:**					

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

National Headquarters: 501 Shatto Place, Suite 201, Los Angeles, CA 90020 | (877) 457-6482 | (213) 380-6482 | www.nitc.com