

INSPECTION • TESTING • CERTIFICATION

6060 Medical Gas Designer Examination Request Form

- * The Medical Gas Designer Course must be taught by a certified 6050 Medical Gas Instructor.
- * The fee per examination is \$130.00. This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express is also accepted. The method of payment must be attached at the time of submission or contact NITC to provide credit card payment information by phone at (877) 457-6482. For NITC No-Show, Cancellation and Refund Policy refer to the Candidate Bulletin.
- * This request form and completed application(s) must be submitted no later than three (3) weeks prior to examination date. Please e-mail to: designer@nitc.com.
- * All exams will be administered via computer.
- * A minimum of 10 applicants is required for an examination. If there are less than 10 applicants, a processing fee of \$175.00 will be applied.
- * It is the requesting entity's responsibility to notify each applicant.

Please complete all information below: (**Required Fields**)

*Examination Requ	st: NFPA 2024 🗌
*Name of Instructor:	NITC ID #/UA ID #:
*Examination Location:	
	Phone No:
*E-mail Results To:	
*Date of Examination:	Time: *Number of Examinees:
any additional examinations	hours of instruction per the ASSE Series 6000 Standard 6060? Yes No e given along with this examination? Yes No Ses No Ses
	Method of Payment **Required Fields for credit card payments**)
Amount Enclosed: \$	Check Money Order Visa Master Card AMEX
t Card No:	*Expiration Date:
2: Last three or fo	digits on back of Visa and Master Card, Amex CVV2 on front of card.
t Card " <i>Billing Address</i> ":	*Credit Card "Billing Address" Zip Code:
e on Card:	*Signature:
	ase Finity Signature as snown on credit card
i :	*Examination Location: *Examination Address: *City, State, Zip: *Contact Person: *E-mail Results To: *Date of Examination: all applicants completed 32- ny additional examinations b NITC to find a proctor: Ye Amount Enclosed: \$ t Card No: 2: Last three or four t Card "Billing Address":

Exam materials will be emailed to the Proctor

· · · · · · · · · · · · · · · · · · ·	_ F	Proctor's	s Name:										
Cell Phone No:	1	Address	s:										
Will the proctor waive his/her proctoring fees? Yes No 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) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable)	(City, Sta	ate, Zip:										
Will the proctor waive his/her proctoring fees? Yes No 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) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable)	(Cell Pho	one No:		Ema	il:							
Please enter all information completely for each applicant. Examinees who do NOT have an email address will not be sent their exam results. Name:				vaive his/her proctori			Ves		No 🗆				
Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable) Name: SSN / NITC ID #/ UA ID #: E-mail: Phone #: SSN / NITC ID #/ UA ID #: E-mail: SSN / NITC ID #/ UA ID #: City: State: Zip: Name: SSN / NITC ID #/ UA ID #: Address: State: Zip: Name: SSN / NITC ID #/ UA ID #: Address: State: Zip:		vviii ti iC	proctor w	alve ma/ner proctom	ig icc	,3:	103		110				
Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip:					each :	appli	cant.	Exar	minees v	vho do <u>N(</u>)T ha	ive an e	∍mail
Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip:	Nam	ne:					SSI	N / NI	TC ID #/	UA ID #:			
Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip:	Addr	ress:			City	·:				State:		Zip:	
Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip:	E-ma	ail:				Pho	ne #:			Local No	o: (if ap	plicable)
Address: City: State: Zip: E-mail: Phone #: Local No: (if applicable) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip:							1				1		
E-mail: Phone #: Local No: (if applicable) Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip:	Nam	ne:				-	SSI	1 / NI	TC ID #/	UA ID #:			
Name: SSN / NITC ID #/ UA ID #: Address: City: State: Zip:	Addr	ress:			City	':	1			State:		Zip:	
Address: City: State: Zip:	E-ma	ail:	Pr			Pho	ne #:	e #: Local No: (if applicable))
Address: City: State: Zip:													
		1				1	SSI	1 / NI	TC ID #/				
E-mail: Phone #: Local No: (if applicable)					City		1			1			1
	E-ma	E-mail: Phone #: Local No: (if applicable))			
001/11/70 10 //// 10 //								1 / 5 11	TO ID ///				
Name: SSN / NITC ID #/ UA ID #:					0:4		SSI	N / NI	TC ID #/			7:	
Address: City: State: Zip:					City		,,			1			
E-mail: Phone #: Local No: (if applicable)	E-ma	ali:				Pho	ne #:			Local No	o: (it ap	oplicable)
Name: SSN / NITC ID #/ UA ID #:	Nam	ie.					SSI	N / NI	TC ID #/	UA ID #			
Address: City: State: Zip:		1			Citv	:	1	.,	<u> </u>			Zip:	
E-mail: Phone #: Local No: (if applicable)					,,		ne #:			1	o: (if ar		
									L		(<u>/ 1</u>
Name: SSN / NITC ID #/ UA ID #:	Nam	ne:					SSI	1 / NI	TC ID #/	UA ID #:			
Address: City: State: Zip:	Addr	ress:			City	·-						Zip:	
E-mail: Phone #: Local No: (if applicable)	E-ma	ail:				ne #:			Local No: (if applicable)				
Name: SSN / NITC ID #/ UA ID #:	Nam	ne:			_		SSI	N / N	TC ID #/	UA ID #:			
Address: City: State: Zip:	Addr	ress:			City	·:				State:		Zip:	
E-mail: Phone #: Local No: (if applicable)	E-ma	ail:				Pho	ne #:			Local No	o: (if ap	plicable)

Name:			SSN / NITC ID #/	/ UA ID #:	
Address:	City	y:		State:	Zip:
E-mail:		Phone #:		Local No:	(if applicable)
Name:	_		SSN / NITC ID #	/ UA ID #:	
Address:	City	y:		State:	Zip:
E-mail:		Phor	ne #:	Local No:	(if applicable)
					T
Name:			SSN / NITC ID #/	/ UA ID #:	
Address:	City	y:		State:	Zip:
E-mail:		Phor	ne #:	Local No:	(if applicable)
			Γ		T
Name:			SSN / NITC ID #/	/ UA ID #:	
Address:	City	y:	,	State:	Zip:
E-mail:		Phor	ne #:	Local No:	(if applicable)
			T		T
Name:			SSN / NITC ID #/	/ UA ID #:	
Address:	City	y:	,	State:	Zip:
E-mail:		Phor	ne #:	Local No:	(if applicable)
			Г		T
Name:			SSN / NITC ID #	/ UA ID #:	
Address:	City			State:	Zip:
E-mail:		Phor	ne #:	Local No:	(if applicable)
			T		T
Name:			SSN / NITC ID #/		
Address:	City			State:	Zip:
E-mail:		Phor	ne #:	Local No:	(if applicable)
[Г <u></u>		T
Name:			SSN / NITC ID #/		
Address:	City			State:	Zip:
E-mail:		Phor	ne #:	Local No:	(if applicable)
[Г <u></u>		T
Name:	1 -		SSN / NITC ID #/		
Address:	City			State:	Zip:
E-mail:		Phor	ne #:	Local No:	(if applicable)
			0011/11/70 := ::	/	
Name:	T		SSN / NITC ID #/		
Address:	City			State:	Zip:
F-mail·		Phor	ne #·l	Tocal No.	(if applicable)