

## **INSPECTION • TESTING • CERTIFICATION**

## 6010 Medical Gas Installer / Brazer Examination Request Form

- \* The Medical Gas Installer Course must be taught by a certified 6050 Medical Gas Instructor.
- \* The fee for the written and braze exam is \$150.00 per examinee or \$130 for written only. 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: <a href="mailto:medgascerts@nationalitc.com">medgascerts@nationalitc.com</a>.
- \* 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 Request: N  | √FPA 2021 🗌                              |   |  |
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| *Name of Instructor:   |  | NITC ID #/UA ID #:                                    |  |
| *Examination Location:   |  |   |  |
| *Examination Address:  |  |   |  |
|  |  |   |  |
| *Contact Person:   |  |   |  |
| *E-mail Results to:  |  |   |  |
| *Date of Examination:  |  | *Number of Examinees:                                 |  |
| * Will any additional examinations be given the second sec | ven along with this examir               | SE Series 6000 Standard 6010? Yes  No  ation? Yes  No |  |
|  | Method of Payme                          | <u>ent</u>  |  |
| *Total Amount Enclosed: \$   | _ Check                                  | r 🗌 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 " <i>Billing Address</i> ":   | *Credit Card "Billing Address" Zip Code: |   |  |
| *Name on Card:   | *Signatu                                 |   |  |
| As it appears on card (Please Prin   | it)                                      | Signature as shown on credit card                     |  |

## Exam materials will be emailed to the Proctor

| Proctor's Name:   |  |  |  |  |
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| Address:  |  |  |  |  |
| City, State, Zip:   |  |  |  |  |
| Cell Phone No:  | Email:   |  |  |  |
| Will the proctor waive his/her proctoring fees? Yes No  |  |  |  |  |
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| Please enter all inform   | nation completely for each applican  | it. Examinees who do <b>NOT</b> have an email  |  |  |
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