

## **INSPECTION • TESTING • CERTIFICATION**

## **6050 Medical Instructor Examination Request Form**

- The Medical Gas Instructor 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: medgascerts@nationalitc.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 Request:	NFPA 2021		
*Name of Instructor:	NITC ID #/UA ID #:		
*Examination Location:			
*Examination Address:			
	Phone No:		
*E-mail Results To:			
*Date of Examination:	Time:	*Number of Examinees:	
* Will any additional examinations be g *Need NITC to find a proctor: Yes	_ <u>-</u>	nation? Yes  No	
(**Req	<u>Method of Payme</u> quired Fields for credit ca		
*Total Amount Enclosed: \$	Check	er 🗌 Visa 📗 Master Card 📗 AMEX 📗	
*Credit Card No:	*Expiration Date:		
* CVV2: Last three or four digit	its on back of Visa and Maste	r Card, Amex CVV2 on front of card.	
*Credit Card "Billing Address":	*Credit Card "Billing Address" Zip Code:		
	*Signat		
As it appears on card (Please Pr	rint)	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/h	her proctoring fees? Yes No	7		
Trim the proofer trainering.	ior proctoring roots   roo   roots			
Diagon enter all information comp	detaly for each applicant. Examinace	who do NOT have an amail		
address will not be sent their exar	eletely for each applicant. Examinees of the results.	who do <b>NOT</b> have an email		
Name:	SSN / NITC ID	#/ UA ID #:		
Address:	City:	State: Zip:		
E-mail:	Phone #:	Local No: (if applicable)		
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E-mail:	Phone #:	Local No: (if applicable)		
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Address:	City:	State: Zip:		
E-mail:	Phone #:	Local No: (if applicable)		
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