



ISO 9001:2008 Certified

### 6030 Medical Gas Verifier Examination Request Form

- \* **The Medical Gas Verifier Course must be taught by a certified 6050 Medical Gas Instructor.**
- \* The cost for the exam is \$108.00 dollars per examination effective February 18, 2008.
- \* All fees must be prepaid and are **NON REFUNDABLE**.
- \* A minimum of 10 applicants is required for an examination; **if there are less than 10 applicants a processing fee of \$250.00 will be applied.**
- \* This request should be submitted no later than two (2) weeks before examination date. Please fax to (213) 351-7632 or e-mail to [crystal@nationalitc.com](mailto:crystal@nationalitc.com).
- \* It is the requesting entity's responsibility to notify each applicant.

Please fill in the information below:

Name of Instructor: \_\_\_\_\_ Certification #: \_\_\_\_\_

Location of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Time: \_\_\_\_\_ Number of Examinees: \_\_\_\_\_

Have all applicants completed 32-hours of instruction per the ASSE Series 6000 Standard 6030? Yes  No

\* How would you like the exam to be provided? Computer Based  Paper & Pencil

#### 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 appear on card (Please Print) Signature as shown on credit card*

## Test packets will not be mailed to P.O. Boxes

Proctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*Need NITC to find a proctor:**    Yes     No

Please **print or type** all the information (completely) for each applicant as you would like it to appear on their certification and fax to N.I.T.C. (213) 351-7632.

*Name:		*Name:	
*Address:		*Address:	
*City:		*City:	
*State:	*Zip:	*State:	*Zip:
*S.S. # (last 6):    XXX-		*S.S. # (last 6): XXX-	
Phone #:		Phone #:	
E-mail:		E-mail:	

*Name:		*Name:	
*Address:		*Address:	
*City:		*City:	
*State:	*Zip:	*State:	*Zip:
*S.S. # (last 6):    XXX-		*S.S. # (last 6): XXX-	
Phone #:		Phone #:	
E-mail:		E-mail:	

*Name:		*Name:	
*Address:		*Address:	
*City:		*City:	
*State:	*Zip:	*State:	*Zip:
*S.S. # (last 6):    XXX-		*S.S. # (last 6): XXX-	
Phone #:		Phone #:	
E-mail:		E-mail:	

**\*\*Required Fields\*\***



*Name:		*Name:	
*Address:		*Address:	
*City:		*City:	
*State:	*Zip:	*State:	*Zip:
*S.S. # (last 6): XXX-		*S.S. # (last 6): XXX-	
Phone #:		Phone #:	
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*Name:		*Name:	
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*State:	*Zip:	*State:	*Zip:
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E-mail:		E-mail:	

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E-mail:		E-mail:	

**\*\*Required Fields\*\***



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*State:	*Zip:	*State:	*Zip:
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E-mail:		E-mail:	

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E-mail:		E-mail:	

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*City:		*City:	
*State:	*Zip:	*State:	*Zip:
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E-mail:		E-mail:	

*Name:		*Name:	
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*City:		*City:	
*State:	*Zip:	*State:	*Zip:
*S.S. # (last 6): XXX-		*S.S. # (last 6): XXX-	
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E-mail:		E-mail:	

**\*\*Required Fields\*\***

