



ISO 9001:2008 Certified

Application for Medical Gas Installer/Brazer Certification Examination

- I will be taking this exam at the instruction site upon completion of my course.
- I will be taking this exam at a PSI center. (Provide method of payment below.)
- I have a minimum of four (4) years of documented practical experience in the installation of piping systems.
- I will have completed the required 32-hour training course prior to my test date. (Course instruction must be conducted by a Medical Gas Systems Instructor certified to ASSE 6050. See ASSE Standard 6010, Section 10-3.2.3.)
- I have read the [Candidate Information Bulletin for NITC Medical Gas Installer/Brazer Examination](#).
- I am requesting the examination to the NFPA 99-2012 Edition.

First Name	M.I.	Last Name	SS# (Last Six)
Street Address	City	State	Zip
Email Address	Home Phone	Work Phone	Cell/Other Phone
Training Course Location	Training Course Date	Name of Instructor	
Local Union # (If Applicable)			

List your present or most recent employer first. Attach any documentation you have that would prove that you have four (4) years experience in the installation of piping systems. Acceptable documentation: letters from employers, employment history, certification records, state license(s) and any other employment records. **(Phone numbers are required for verification.)**

Employer, City & Phone #	From	To

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be cause for disqualification.

As a holder of an NITC Certification I shall agree to the following:

- I will make no any false claims about the scope of my certification(s)
- I will not engage in false or misleading advertising of my NITC Certification, nor shall I utilize an NITC certification in any manner that portrays NITC unfavorably.
- I will not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.
- I will notify NITC without delay of any changes in my capability to fulfill the requirements of this certification.

I understand that NITC reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the "holder" of an NITC Certification and shall return any certificates, including wallet sized photo identification cards to NITC.

I understand and agree that my examination results may be shared with the course instructor, training coordinator or training entity.

By affixing my signature to this application I agree to abide by the rules and regulations of certification holders as set forth by the NITC Certification Committee.

Signature of Applicant: _____ Date: _____

For Method of Payment see page 3



Information Sheet for Medical Gas Installer/Brazer Certification Examination

TO QUALIFY FOR THIS EXAMINATION all candidates must meet the requirements of the ASSE Series 6000, Professional Qualifications Standard for Medical Gas Systems Personnel, Standard 6010, Section 10-3.2. Applicants should include the following:

A [Candidate Information Bulletin](#) has been developed to help ensure your success. Since the information contained in each section of the Bulletin will answer many of the questions you might have, it is required reading prior to proceeding with this application. Download a copy from www.nationalitc.com or call (877) 457-6482 to request a copy.

1. Successful completion of a minimum 32-hour training course conducted by an instructor certified to ASSE 6050 and
2. Successful completion of a written and a practical examination covering all facets of ASSE Standard 6010, NFPA 99, and NFPA 55 and
3. A minimum of four years of documented practical experience in the installation of piping systems.

THE EXAMINATION FEE is One Hundred Sixteen Dollars (\$116.00). This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express are 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, Reschedule, Cancellation and Refund Policy refer to the Candidate Bulletin.

For re-testing, or those who cannot attend the examination with their instructor, the multiple-choice examination is available computer-based at PSI centers. To locate a PSI center near you visit <http://www.nationalitc.com/NITCService.cfm?GO=NEWS&NEWSID=36>.

For Individuals requesting to take an examination at a PSI center there will be an additional forty-two dollar (\$42.00) processing fee. These fees vary according to the length of time allowed for the examinations. Please contact our office to confirm what the processing fee will be for your examination.

Exams given at PSI centers require that an email address be provided. You will receive an e-mail confirmation with your login information to schedule the exam date and time. For any examination scheduled at a PSI center, cancellation and rescheduling must be made at least 48 hours prior to the assigned date and time or a rescheduling fee will be assessed.

All electronic devices are prohibited. **No PDAs, cellular telephones, or any other types of devices that record or send data are allowed to be used during the examination.**

SPECIAL REQUESTS FOR TAKING THE EXAMINATION

Information on special accommodations can be found in Section XVI of the [NITC's Rules and Procedures Manual](#), available for download from our web site at www.nationalitc.com.

Keep this page for your records. Return Page 1 to NITC via fax (213) 351-7632, e-mail to crystalg@nationalitc.com, or mail to the address shown below. For more information call (877) 457-6482.



Method of Payment for Medical Gas Installer/Brazer Certification Examination

If you will be taking a computer-based certification examination at a PSI location you will need to pre-pay your examination fee by one of the methods shown below or you may call NITC with your payment information.

(Required Fields for credit card payments**)**

First Name of Applicant Last Name of Applicant SS# (Last Six)

*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

Return this along page along with the application on Page 1, completed and signed, to NITC. You may send it via fax to (213) 351-7632, e-mail to crystalg@nationalitc.com, or mail to the address shown below. For more information call (877) 457-6482.