



ISO 9001:2008 Certified

6010 Medical Gas Installer Re-certification Examination Request Form

(This request form is for the installer written re-certification only).

- * The fee for the exam is \$45.65 dollars. 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. **Note:** *In some cases payment is provided by the training agency or employer.* For NITC No-Show, Cancellation and Refund Policy refer to the Candidate Bulletin.
- * **This request should be submitted no later than two (3) weeks before examination date.** Please fax to (213) 351-7632 or e-mail to michaelf@nationalitc.com.
- * A minimum of 8 examinees is required for an examination;
 If there are 3 or less examinees a processing fee of \$250.00 will be applied.
 If there are 4-6 examinees a processing fee of \$200.00 will be applied.
 If there are 7 examinees a processing fee of \$150.00 will be applied.
- * It is the requesting entity's responsibility to notify each applicant.

Please fill in the information below:

Location of Examination: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Position: _____

Phone No: _____ Fax No: _____

E-mail: _____

Date of Examination: _____ Time: _____ Number of Examinees: _____

* **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*