



ISO 9001:2008 Certified

Medical Gas Installer/Brazer Examination

Application Documentation

- I will be taking this exam at the instruction site upon completion of my course.
- I will be taking this exam at an ACT center. (Provide method of payment below).
- REQUIRED:** (*Note: Acceptable documentation for the first item below must be attached and will be verified.*)
- I have a minimum of four 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 section 10-3.2.3.)
- I have read the Candidate Information Bulletin for NITC Medical Gas Installer/Brazer Examination.

First name	Last name	SS# (last six)
Street Address	City	State
Email address	Home phone	Work phone
Training course location	Training course date	Name of instructor
Local Number (If applicable)		

List your present or most recent employer first. Attach any additional documentation.

Employer & City	Job Duties	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. By affixing my signature to this application, I agree to abide by the following rules and regulations of certification holders as set forth by the NITC certification committee. As a holder of an NITC certification I agree to not make any false claims about the scope of my certification(s); I agree to not utilize an NITC certification in any manner that portrays NITC unfavorably; and furthermore, I agree to not engage in false or misleading advertising of my NITC 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 agree to not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.

Signature of Applicant: _____ Date: _____

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