



INSPECTION • TESTING • CERTIFICATION

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 99-2015 Edition.
- I would like to receive notifications via text. I would like to receive notifications via email.

Miguel	A	Sierra Valencia	093519
First Name	M.I.	Last Name	SS#
Privada Guerrero	Los Mochis	Sinaloa	81200
Street Address	City	State	Zip
alejandro@arbiomedicalsolutions.com	N/A	6681033047	6688569065
Email Address	Home Phone	Work Phone	Cell/Other Phone
Ciudad de Mexico	09/03/2018	JOSE SEPULVEDA	
Training Course Location	Training Course Date	Name of Instructor	
N/A	N/A		
Local Union # (If Applicable)	Certification ID Number (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 Month/Year	To Month/Year
AR BIOMEDICAL SOLUTIONS	2014	ACTUAL

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: Miguel Serna Date: 08/09/2018

For Method of Payment see page 3



AR BIOMEDICAL SOLUTIONS, S.A. DE C.V.
Calle: Fuente de Minerva 158Pte, Col Las fuentes CP 8123, Los Mochis, Sinaloa
RFC: ABS131116M45

09 de Agosto de 2018

A quien corresponda:

Por medio de la presente hago constar que el Ing. Miguel Alejandro Sierra Valencia, labora en esta empresa desde abril del 2014 y desde esa fecha se ha desempeñado como Instalador de tuberías de gases medicinales.

Sin más por el momento quedo de ustedes a sus apreciables órdenes.

Atentamente

Ing. Rafael Montaña Bojórquez

Representante Legal

AR Biomedical Solutions S.A. DE C.V.

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