



ISO 9001:2008 Certified

Application for Medical Gas Inspector 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 two (2) years of documented practical experience. (Attach documentation which will be verified.)
- I am employed by a governmental unit as a plumbing and/ or mechanical inspector, or as an administrator of such inspectors; or I am a person regularly involved in the design, inspection or verification of medical gas systems.
- I am a 6010 Installer.
- I will have completed the required 24-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 20-4.1.4.)
- I have read the [Candidate Information Bulletin for NITC Medical Gas Inspector Examination](#).
- I am requesting the examination to the NFPA 99-2015 Edition.
- I would like to receive notification via text. I would like to receive notification via email.

First Name	M.I.	Last Name	SS#
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)	Certification ID Number (If Applicable)		

List your present or most recent employer first. Attach any documentation you have that would prove that you have two (2) years of documented practical experience and shall be employed by a governmental unit as a plumbing and/or mechanical inspector, or as an administrator of such inspectors; or be a person regularly involved in the design, inspection or verification of medical gas 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

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