



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	Zip
Email address	Home phone	Work phone	Cell/other 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