



470 MAST ROAD, SUITE B  
GOFFSTOWN, NH 03045  
PHONE: 603.518.5804  
FAX: 603.218.6262

**PROGRAM APPLICATION**  
**ASSE 6015 BULK MEDICAL GAS INSTALLER PROGRAM**

**Candidate Information**

(Please Print)

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Employment Information**

(Please Print)

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ DATE EMPLOYMENT STARTED: \_\_\_\_\_

**Prerequisite Verification**

**Check ALL Boxes:**

- I have documented practical experience in the proper installation of bulk medical gas systems and pipeline distribution systems.
- I have been trained on the firm's Standard Operating Procedures and Current Good Manufacturing Procedures as they relate to bulk medical gas systems.

**Statement of Eligibility:** I do solemnly swear and affirm that the information provided above is true. I further realize that providing false information shall be just cause for disqualification from the program. By affixing my signature to this application, I agree to abide by the program rules and requirements set forth above, and as a holder of a Medical Gas Training Institute certification I agree to abide by the Professional Standards of Conduct, and to not make any false claims about the scope of my certification(s). I understand that MGTI 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 a MGTI certification and shall return any certificates, including wallet-sized photo identification cards, to MGTI. I also agree to not utilize any written documents, reports, procedures, etc. with the AMG Training or MGTI certification mark in any manner whatsoever that may be inaccurate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE FAX COMPLETED PROGRAM APPLICATION FORMS TO [\(603\) 218-6262](tel:6032186262)  
OR SCAN AND EMAIL TO [TRAINING@ACUTEMEDGAS.COM](mailto:TRAINING@ACUTEMEDGAS.COM)

A NATIONALLY RECOGNIZED THIRD-PARTY MEDICAL GAS TRAINING PROVIDER