

PROGRAM APPLICATION ASSE 6020 MEDICAL GAS INSPECTOR PROGRAM

<u>C</u>	andidate Information (Please Print)	
NAME OF APPLICANT:		
MAILING ADDRESS:		
Сіту:	STATE:	ZIP:
Home Phone:	CELL PHONE:	
EMAIL ADDRESS:		
	ployment Information (Please Print)	
EMPLOYER:		
Address:		
Сіту:	STATE:	ZIP:
WORK PHONE:	DATE EMPLOYMENT	STARTED:
Check ALL Boxes:	erequisite Verification	
 I am employed by a governmental u administrator of such inspectors, <u>OF</u> medical gas systems, <u>OR</u> I am an A I have a minimum of two (2) years of 	R a person regularly involved i SSE 6010 Certified Installer.	•
Statement of Eligibility: I do solemnly swear providing false information shall be just caus application, I agree to abide by the program r Training Institute certification I agree to abide b about the scope of my certification(s). I understa I violate these obligations. Should my certificat the "holder" of a MGTI certification and shall retu I also agree to not utilize any written document whatsoever that may be inaccurate.	e for disqualification from the p ules and requirements set forth by the Professional Standards of and that MGTI reserves the right t tion be revoked, I agree to cease urn any certificates, including wall	rogram. By affixing my signature to this above, and as a holder of a Medical Gas Conduct, and to not make any false claims o suspend or revoke my certification should and desist any and all references to being et-sized photo identification cards, to MGTI
SIGNATURE:	ДАТЕ	E:

PLEASE FAX COMPLETED PROGRAM APPLICATION FORMS TO (603) 218-6262 OR SCAN AND EMAIL TO TRAINING@ACUTEMEDGAS.COM

A NATIONALLY RECOGNIZED MEDICAL GAS TRAINING PROVIDER