



ACUTE MEDICAL GAS, INC  
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GOFFSTOWN, NH 03045  
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FAX: 603.218.6262

**ASSE 6035 CERTIFICATION RENEWAL APPLICATION**  
**ASSE 6000 MEDICAL GAS PROGRAMS**

**Applicant Information**

(Please Print)

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

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

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

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

EMAIL ADDRESS: \_\_\_\_\_ CERTIFICATION NO.: \_\_\_\_\_ -

TRANSFER CERTIFICATION  ONLINE EXAM  ON-SITE EXAM:

ORIGINAL CERTIFYING AGENCY \_\_\_\_\_

**Employment Information**

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

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

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

**Certification Verification**

**PREREQUISITES:**

- My ASSE 6035 Bulk Medical Gas Systems Verifier Certification is current and expires on \_\_\_\_\_.
- I have attended a 4-hour update training covering NFPA 99, NFPA 55 and CGA M-1 \*

\* Please provide documentation (certificate of completion, registration receipt, etc.)

**Statement of Eligibility:** I do solemnly swear and affirm that the information provided above is true. I understand that providing false information shall be just cause for disqualification from the program. By signing 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 MGTI certification mark in any manner whatsoever that may be inaccurate.

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

PLEASE SCAN AND EMAIL APPLICATION TO [TRAINING@ACUTEMEDGAS.COM](mailto:TRAINING@ACUTEMEDGAS.COM) OR  
FAX APPLICATION TO 603.218.6262