



470 MAST RD, SUITE B
GOFFSTOWN, NH 03045
PHONE: 603.487.3800
FAX: 603.218.6262

**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.: _____

Employment Information

EMPLOYER: _____ EMPLOYER PHONE NUMBER _____
ADDRESS: _____ EMPLOYMENT START DATE _____
CITY: _____ STATE: _____ ZIP: _____

Certification Verification

Check All Boxes that Apply:

- My ASSE 6005 Medical Gas Systems Specialist Certification is current and **expires on** _____.
- My ASSE 6010 Medical Gas Systems Installer Certification is current and **expires on** _____.
- My ASME IX Medical Gas Brazer Certification is current. My **Original Brazing Date** is _____.
- My ASSE 6015 Bulk Medical Gas Installer Certification is current and **expires on** _____.
- My ASSE 6020 Medical Gas Systems Inspector Certification is current and **expires on** _____.
- My ASSE 6030 Medical Gas Systems Verifier Certification is current and **expires on** _____.
- My ASSE 6035 Bulk Medical Gas Systems Verifier Certification is current and **expires on** _____.
- My ASSE 6040 Medical Gas Maintenance Personnel Certification is current and **expires on** _____.
- My ASSE 6050 Medical Gas Systems Instructor Certification is current and **expires on** _____.

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 MGTI certification mark in any manner whatsoever that may be inaccurate.

SIGNATURE: _____ DATE: _____

PLEASE FAX APPLICATION TO 603.218.6262 OR SCAN AND EMAIL TO TRAINING@ACUTEMEDGAS.COM