

# MEDICAL GAS CERTIFICATION TRANSFER AGREEMENT

## Current Information

(Please Print)

NAME: \_\_\_\_\_

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

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

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

EMAIL ADDRESS: \_\_\_\_\_ CERTIFICATION No.: \_\_\_\_\_

**Payment Information:** You must include the fee of \$25.00 for each certification being transferred with this application.

**Required Information:** All transfer requests must include a copy of current certification and proof of up-to-date brazing continuity for brazers. If this information is not attached, the application will not be accepted as complete and returned.

## Certification Information

**Check ALL boxes that apply:**

**Expiration Date:**

- |  |       |
|--|-------|
| <input type="checkbox"/> TRANSFER to MGTI my ASSE 6005 Medical Gas Generalist Certification              | _____ |
| <input type="checkbox"/> TRANSFER to MGTI my ASSE 6010 Medical Gas Installer Certification               | _____ |
| <input type="checkbox"/> TRANSFER to MGTI my ASME IX Brazing Certification <b>Original Brazing Date:</b> | _____ |
| <input type="checkbox"/> TRANSFER to MGTI my ASSE 6015 Bulk Installer Certification                      | _____ |
| <input type="checkbox"/> TRANSFER to MGTI my ASSE 6020 Medical Gas Inspector Certification               | _____ |
| <input type="checkbox"/> TRANSFER to MGTI my ASSE 6030 Medical Gas Verifier Certification                | _____ |
| <input type="checkbox"/> TRANSFER to MGTI my ASSE 6035 Bulk Verifier Certification                       | _____ |
| <input type="checkbox"/> TRANSFER to MGTI my ASSE 6040 Medical Gas Maintenance Certification             | _____ |
| <input type="checkbox"/> TRANSFER to MGTI my ASSE 6050 Medical Gas Instructor Certification              | _____ |

## Credentialed Individual Agreement

**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 [SUPPORT@MEDGASINSTITUTE.COM](mailto:SUPPORT@MEDGASINSTITUTE.COM)