

PROGRAM APPLICATION

ASSE 6020 MEDICAL GAS INSPECTOR PROGRAM

Training Information (Please Print)

TRAINING PROVIDER: _____ LOCATION: _____ DATE: _____

Candidate Information

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Prerequisite Verification

Check All Boxes that apply:

- I have a minimum of two (2) years of documented practical experience, or any combination of the below.
- I am employed by a governmental unit as a plumbing and/or mechanical inspector, or as an administrator of such inspectors.
- I am a person regularly involved in the design, inspection or verification of medical gas systems.*
- I am an ASSE 6010 Certified Installer. Certification #: _____ Agency: _____

* Self-employed applicants may need to provide additional documentation—projects, locations, times & contacts.

Employment Information (Most recent first)

EMPLOYER	CITY / TOWN	PHONE # OR EMAIL	DATES OF EMPLOYMENT

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: _____

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