



INSPECTION • TESTING • CERTIFICATION

ISO 9001-2000 CERTIFIED

FOR NITC USE ONLY Exam Location: _____ Exam Date: _____ Local Union#: _____(if applicable)
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Application for NITC Bulk Medical Gas Systems Installers Examination and Certification

The fee is One Hundred-Five Dollars (\$105.00). This must be prepaid and is **NON REFUNDABLE**. Please make check or money order payable to NITC. Visa, MasterCard or American Express payments are also accepted. For credit card payment, please contact the NITC office at (877) 457-6482.0

To qualify for this examination you must meet the following requirements per the **ASSE Series 6000 Standard 6015, Section 15-3.2, Certification of Bulk Medical Gas System Installers**: Certification shall be through a method approved by the firm's QCU. Successful completion of a minimum 32-hour training course including a written and a practical examination covering the firm's SOP's as they relate to bulk installations for medical gases, the FDA's CGMP's, CGA M-1, applicable sections of the ASSE Series 6000 Standard 6015, NFPA 99, and NFPA 55; and documented practical experience in the installation of bulk systems in accordance with the firm's SOP's.

First & Last Name: _____ S.S. # (last six): XXX- -

Address: _____ Residence Phone: () -

City, State: _____ Zip: _____

Email: _____ Work Phone: () - Cellular Phone: () -

I have or will have completed a 32-hour training course per ASSE Series 6000 Standard 6015, Section 15-3.2: Yes No

I have documented practical experience in the installation of bulk systems in accordance with the firm's SOP's: Yes No

List the dates and location of the 32-hour training course you attended: _____ Name of Instructor: _____

List your present or most recent employer first:

Employer	Address	From	To

Notarized letters from employers maybe required by NITC substantiating experience and training.

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be just cause for disqualification. By affixing my signature to this application, I agree to abide by the following rules and regulations of certification holders as set forth by the NITC certification committee. As a holder of an NITC certification, I agree to not make any false claims about the scope of my certification(s); I agree to not utilize an NITC certification in any manner that portrays NITC unfavorably; and furthermore, I agree to not engage in false or misleading advertising of my NITC certification. I understand that NITC 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 an NITC certification and shall return any certificates, including wallet-sized photo identification cards, to NITC. I agree to not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.

Signature of Applicant: _____ Date: _____





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Quality Control Unit (QCU) Approval

Name of Applicant: _____ S.S. #: (last six) XXX- - _____

Address: _____ Residence Phone: () - _____

City, State: _____ Zip: _____

Email: _____ Work Phone: () - _____ Cellular Phone: () - _____

As a member of _____ QCU, I certify that:
(Firm or Employers Name)

The person named in this application has the training, qualifications, and practical experience to install Bulk Medical Gas Systems in accordance with our firms Standard Operating Procedures (SOP's).

At a minimum our firms' written SOP manual contains procedures which address the following regarding Bulk Medical Gas systems:

Personnel qualifications for installing bulk medical gas systems at health care facilities.

Personnel training requirements in; the FDA's CGMP's, firms SOP's, brazing certification, and periodic retraining.

System design, system validation, material qualification, installation procedures, system qualification (final testing and startup), and maintenance.

I also approve this method of training and certification.

Signature of QCU member: _____ Date: _____
(Other than Applicant)