



*"The Medical Gas Professionals"*

**Application for  
ASSE 6030 Medical Gas Systems Verifier Training & Examination  
\$1750**

Please fill out \*below information as you would like to appear on your certification

*Name	
*Address	
*City/State/Zip	
*SS # (last 6)	XXX- ___ - _____
Phone#	
Email	

**Required Documentation:**

List your present or most recent employer first. Attach any documentation you have that would prove that you have a minimum of two (2) years of documented practical experience in the verification of medical gas piping systems. Records substantiating the required experience or testimonial letters on company letterhead from employers are required. Testimonial letters must fully describe duties performed and dates employed, and must be accompanied by W-2 forms. Candidates are also required to have a current certificate of insurance, in the name of the individual or employing verification company, for general liability, completed operations and, as applicable, products liability insurance. Acceptable documentation: letters from employers, employment history, certification records, state license(s) and any other employment records. (Phone numbers are required for verification.)

Candidates must bring their Test & Inspection Equipment along with Certificates of Calibration with them to training for Inspection & Testing. The Training & Practical Examination will involve the use of this equipment.

Employer, City & Phone #	From	To

**Method of Payment**

(\*\*Required for CC payments)

Total Amount Enclosed (\$1500): \_\_\_\_\_

Check  Money Order  Visa  MasterCard  AMEX  Discover

\*\*CC# \_\_\_\_\_ \*\*Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\*Code \_\_\_\_\_

\*\*CC Zip Code \_\_\_\_\_ \*\*Name on CC \_\_\_\_\_

\*\*Signature for CC payment \_\_\_\_\_

**Corporate Office · 4518 Clements Rd., Lakeland, Florida, 33811 Phone: 863-646-7555 · Fax 863-646-2999**

*"Medical Gas Pipeline Equipment Service, Sales & Verifications"*

*www.medgaspro.org*