

# ASSE Recertification

## Exam Application

Please return this application with your 4-hour course completion certificate

COURSE PROVIDER: \_\_\_\_\_

Email to **CS@MEDGASLICENSE.COM**

### COMPANY

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

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

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

PHONE: \_\_\_\_\_

### APPLICANT

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

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

Contact person will receive future renewal information. If this is same as applicant, leave blank.

ASSE 6000 Requires that all ASSE 6000 credentialed persons complete a 4-hour course and exam to subsequent editions of NFPA 99. In accordance with ASSE 6000, MGA provides recertification exams with a minimum passing grade of 70%-85% depending on which exam is taken. Please note there is only one exam for ASSE 6005, 6010, 6020 and 6040. Recertification exams are not proctored.

ASSE 6005

ASSE 6010

ASSE 6020

ASSE 6030

ASSE 6035

ASSE 6040

ASSE 6050

ASSE 6060

### All recertification exams are \$50.00.

#### CREDIT CARD AUTHORIZATION

Card Type: American Express  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-or 4-digit Security Code: \_\_\_\_\_ Total Amount Authorized: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Medical Gas Licensing

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WEBSITE:

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Villa Rica, GA 30180



**MEDICAL GAS**  
ACCREDITATION