

ASSE Recertification

Exam Application

Please return this application with your renewal 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 minimum 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

FAX: 678-498-2749

PHONE: 770-783-3630

WEBSITE:

www.medgaslicense.com

MAIL:

PO Box 820

Villa Rica, GA 30180



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