ASSE 6000 Recertification

Exam Application

Please return this application with your renewal course completion certificate
COURSE PROVIDER:

Email to **CS@MEDGASLICENSE.COM**

APPLICANT
NAME:
PHONE:
EMAIL:
CONTACT EMAIL:
this is same as applicant, leave blank.
ersons complete a <u>minimum</u> 4-hour course and exam to subsequent GA provides recertification exams with a minimum passing grade of ote there is only one exam for ASSE 6005, 6010, 6020 and 6040.
6010 ASSE 6020
6035 ASSE 6040
6060
ard Visa Cardholder Name:
Total Amount Authorized: Billing Zip Code:
Cardholder Signature:
DATE:
6 6

Medical Gas Licensing WEBSITE: www.medgaslicense.com

FAX: 678-498-2749 MAIL: PO Box 820

PHONE: 770-783-3630 Villa Rica, GA 30180

