

# 2026 - Medical Gas Installer 100-Question Exam

Instructors: Doug Connelly or Tom Gauthier

## Night Classes - 5:00 PM – 9:00 PM

- Class #1- April 7, 8, 9, 14, 15, 16
- Class #2- July 7, 8, 9, 14, 15, 16
- Class #3- Oct. 6, 7, 8, 13, 14, 15

## Saturday Brazes – 7:30 AM

April 11 and April 18  
July 11 and July 18  
Oct 10 and Oct 17

## Exams Start at 5:00 PM

<u>Exam Date</u>	<u>Submit Application + \$150 Deposit Check</u>
Class #1 Tues, April 21	<b>March 19</b>
Class #2 Tues, July 21	<b>June 19</b>
Class #3 Tues, Oct 20	<b>Sept 18</b>

## Course Requirements:

Members must complete the *Application for Medical Gas Installer/Brazer Certification Examination* (included below) **and submit it with a personal deposit check in the amount of \$150. Application is form fillable, but must be printed and signed with a wet signature/date and mailed or dropped off to Local 777 JATC, 450 Murdock Avenue, Meriden CT 06450 by the submission date indicated in the table above. Electronic signatures are prohibited by NITC.** Please ensure the application reflects **at least 4 years' employer experience** in the Plumbing & Pipefitting trades. There are limited openings per class and they will be filled on a first come basis. **Important:** Exam Cancellation or No Shows will result in your deposit check being cashed to cover the non-reimbursable NITC fees so please make sure you add to your calendar and are able to attend all of the classes/exam before signing up.

Required text is 2024 NFPA 99 *Health Care Facilities Code*. Book may be purchased at the Training Center for \$140 using either a money order or bank check. Members must purchase/bring their own book no later than the first day of class, books cannot be loaned here.

**Proper PPE, including long-sleeve shirt, safety glasses and work shoes must be worn for brazing classes.**



ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

## Application for Medical Gas Installer/Brazer Certification Examination

- ☐ I will be taking this exam at the instruction site upon completion of my course.
- ☐ I will be taking this exam at a Prometric Test Center. (Provide method of payment below.)
- ☐ I have a minimum of four (4) years of documented practical experience in the installation of piping systems.
- ☐ I will have completed the required 32-hour training course prior to my test date. (Course instruction must be conducted by a Medical Gas Systems Instructor certified to ASSE 6050. See ASSE Standard 6010.)
- ☐ I have read the [Candidate Information Bulletin for NITC Medical Gas Installer/Brazer Examination](#).
- ☐ I am requesting the examination to the NFPA 99-2024 Edition.

First Name	M.I.	Last Name	SSN
Street Address	City	State	Zip
Email Address	Cell/Other Phone		
Training Course Location	Training Course Date	Name of Instructor	
Local Union # (If Applicable)	Applicants NITC ID # / UA ID # (If Applicable)		

List your present or most recent employer first. Attach any documentation you have that would prove that you have four (4) years experience in the installation of piping systems. Acceptable documentation: letters from employers, employment history, certification records, state license(s) and any other employment records. **(Phone numbers are required for verification.)**

Employer, City & Phone #	From Month/Year	To Month/Year

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be cause for disqualification.

As a holder of a NITC Certification I shall agree to the following:

- I will make no false claims about the scope of my certification(s)
- I will not engage in false or misleading advertising of my NITC Certification, nor shall I utilize an NITC certification in any manner that portrays NITC unfavorably.
- I will not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.
- I will notify NITC without delay of any changes in my capability to fulfill the requirements of this 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 understand and agree that my examination results may be shared with the course instructor, training coordinator or training entity.

By affixing my signature to this application, I agree to abide by the rules and regulations of certification holders as set forth by the NITC Certification Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**"The application must include either a wet signature or a digitally verified signature. Typed or printed names will not be accepted as valid signatures."**