



Piping Industry Progress and Education Trust Fund

125 S. 52nd Street • Tempe, Arizona 85281 Bus: (480) 966-0377 . FAX: (480) 966-0377

APPLICATION FOR MEDICAL GAS INSTALLER CERTIFICATION 2021

To qualify for this examination you must meet the following requirements per the ASSE Series 6000, Standard #6010, Section 10-3.2, Certification of Medical Gas Installers: Successful completion of a minimum 32-hour training course including a written and a practical examination covering all facets of ASSE Standard #6010, NFPA 99, and NFPA 50; and a minimum of four (4) years of documented practical experience in the installation of plumbing or mechanical piping systems.

Date: _____ D/O/B: _____

Full Name: _____
(Print name as you wish it to appear on the certificate)

P.I.P.E. ID. No. _____ UA Book ID # _____
(1st Initial of first & last name & last 4 Digits of Social Security #)

Mailing Address: _____

City/State/Zip: _____

Cell #: (____) _____ Email: _____

PRESENT EMPLOYMENT

Employer: _____

Job Title: _____ Length of Employment _____

EXPERIENCE

List below where you have worked and what you have done during the last 5 years preceding present employment

Date From	Date To	Total Years	Employed By: (Name and Address)	Position

The Performance Qualification shall remain in effect indefinitely unless the Brazer does not perform the Brazing Process for a period of six (6) months, or there is some specific reason to question the ability of the Brazer's performance.

It is the Brazer's responsibility to maintain their continuity in order to stay qualified for this process.

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be just cause for disqualification. By affixing my signature to this application, I agree to abide by the following rules and regulation of certification holders as set forth by the P.I.P.E. Medgas Committee. As a holder of a P.I.P.E. certification, I agree to not make any false claims about the scope of my certification(s); I agree to not utilize a P.I.P.E. certification in any manner that portrays P.I.P.E. unfavorably; and furthermore, I agree to not engage in false or misleading advertising of my P.I.P.E. certification. I understand that P.I.P.E. 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 a P.I.P.E. certification and shall return any certificates, including wallet- sized photo identification cards, to P.I.P.E.. I agree to not utilize any written documents, reports, procedures, etc., with the P.I.P.E. certification mark in any manner whatsoever that may be inaccurate or false. I understand my information will be posted on our website authorizing access to training verification records.

I certify that the above information given by me is true _____
(Signature of Applicant)

I understand my information will be posted in the P.I.P.E. database authorizing access to training verifications records.