



Red Lion MedGas Consultants, Inc.

123A Sandy Drive
Newark, DE 19713

302-731-8600
Fax 302-731-5034

Registration for Medical Gas Training Seminar (PLEASE FILL OUT A SEPARATE FORM FOR EACH STUDENT) (Please print or type – this information will be used for your permanent records)

Please check which class you are registering for –

ASSE 6005 Medical Gas System Specialist

ASSE 6020 Medical Gas Inspector

ASSE 6010 Medical Gas Systems Installer

ASSE 6040 Medical Gas Maintenance Personnel

Name of Student _____ nickname if any) _____

Address of Student _____

City _____ State _____ Zip Code _____

Phone No. Work () _____ Home () _____

E-Mail _____ Last 4 SSN _____

Master Plumber _____ Journeyman _____ Apprentice _____ yrs experience _____

Field Supervisor _____ Inspector _____ Estimator _____ Other job title _____

In-house hospital personnel (please specify title) _____

Current license No's. (if any) _____ States: _____

Do you currently work on medical gas pipelines? Yes _____ No _____

Are you familiar with NFPA 99? Yes _____ No _____

Name of Employer _____

Company Address _____ City _____ State _____ Zip _____

Company Phone No. () _____ Fax No. () _____

I certify that I have been involved with the mechanical trades for four years.

Student Signature

Date

Office Use:

Date of Class: _____

Location of Class: _____

Instructor: _____ Edition of NFPA 99: _____