

APP-6035-C: Application for CGACB Certification to ASSE 6035

Section 1: Applicant Details

First & Last Name: _____

Company (Firm) Name: _____

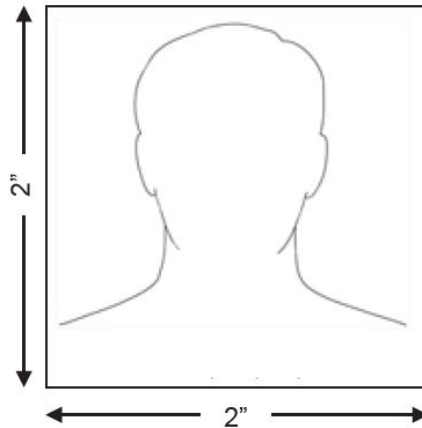
Address: _____

City, State: _____ Zip: _____

Email: _____

Contact Phone: _____

Submit a digital file (.JPEG preferred) of a clear photograph of you taken within the last 6 months. As shown in the example to the right, photographs should show your head and shoulders taking up most of the area. Photographs must be of you alone, front view, full face, taken in normal clothing without a hat or dark glasses in front of a light colored, solid background. This photo will be used to verify your identity for your exam and will be displayed on your certification credential.



Section 2: Prerequisite Verification

To qualify for the ASSE 6035 certification you must meet the requirements found in the **CGA Certification Board (CGACB) Policy & Procedures Manual**:

- 1) Successful completion of bulk medical gas supply system training (32 hours minimum, including prerequisite courses) in compliance with the current edition of ASSE 6035, *Bulk Medical Gas / Cryogenic Fluid Central Supply System Verifiers*.

OR

Successful completion of bulk medical gas supply system training (16 hours minimum, including prerequisite courses) in compliance with the current edition of ASSE 6035, *Bulk Medical Gas / Cryogenic Fluid Central Supply System Verifiers*, AND possession of a current ASSE 6030 credential.



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1a. I have received a minimum of 32 hours of training in compliance with the current edition of ASSE 6035 and have attached a certificate or letter from the training entity, a print-out statement of completion of an on-line program, a letter from a company representative verifying self-directed training, or an alternate.

1a. Yes No

OR

1b. I have received a minimum of 16 hours of training in compliance with the current edition of ASSE 6035 and have attached a certificate or letter from the training entity, a print-out statement of completion of an on-line program, a letter from a company representative verifying self-directed training, or an alternate AND I hold a current ASSE 6030 certification and have attached a copy of my credential card or certificate showing my name, the certification title, the certifying entity, and the expiration date of my certification.

1b. Yes No

2) Documentation of at least 2 years of practical experience in the verification and/or inspection of bulk medical gas / cryogenic fluid central supply systems.

I have at least 2 years of practical experience in the verification and/or inspection of bulk medical gas / cryogenic fluid central supply systems.

Yes No

Section 3: Certification Fees

The ASSE 6035 certification exam registration fee is \$595 (USD) and includes your application review, registration, exam scheduling, and initial exam session*. A \$100 (USD) discount is available for Compressed Gas Association members in good standing.

*NOTE – This fee does not include travel to client locations for on-site exams.

The exam fee is payable by check made out to CGA Certification Board, LLC. Please include your payment with your application. No exam will be scheduled without payment in full.

Section 4: Exam Scheduling

Select the exam session format(s) you are interested in below.

Video-Proctored Exam

In Person Exam (at CGACB headquarters in Tysons Corner, VA)

In Person Exam (at my location – additional fees apply)



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Section 5: Signature

Please complete the signature section below if you understand and agree with the following statement:

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification.

I grant CGACB permission to verify my certification status and list on a publicly available database my name, company affiliation, certification number, certification status, and certification expiration date after I have been certified. I also attest and affirm that I will maintain my certification(s) according to the CGACB Policy & Procedures Manual. Should my certification be revoked, I agree to immediately stop using any and all references to being the holder of an ASSE 6035 certification and shall return any certificates, including wallet sized photo identification cards, to CGA Certification Board, LLC.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____



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Before you mail your application and certification fee, make sure that you have:

- Filled out all sections of the application
- Signed and dated the application
- Made a copy of the application for your files
- Enclosed a check for the certification exam fee made out to CGA Certification Board LLC
- Submitted a digital photo of yourself meeting the criteria provided in Section 1 to Certification@CGACB.org.
- Enclosed required documentation for all prerequisites defined in Section 2
 - Certificate or letter verifying training
 - (If answering YES to question 1b) A copy of your current ASSE 6030 credential

Mail the original completed application, supporting materials, and the certification fee to:

CGA Certification Board LLC
 c/o Compressed Gas Association, Inc.
 8484 Westpark Drive, STE 220
 McLean, VA 22102

Thank you for your interest in CGACB certification programs. We will review your application and contact you within 15 business days regarding next steps.

For more information, please contact Certification@CGACB.org.

CGACB Staff Use Only

Reviewed by (Print Name): _____

Signature of Reviewer: _____

Date: _____

Approved

Not Approved

Comments: _____