



# 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 6040 Medical Gas Maintenance Personnel

ASSE 6010 Medical Gas Systems Installer

Medical Gas Project Supervisor

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 \_\_\_\_\_

Address of Company \_\_\_\_\_

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: \_\_\_\_\_