



## Medical Gas and Vacuum Systems Certificate Application

### Medical Gas and Vacuum Systems Work

No person shall perform medical gas and vacuum systems work unless such person has obtained a certificate pursuant to Section 20-334a of the CT General Statutes. Such certificate shall be renewed consistent with the renewal process for the prerequisite licenses. The fee for such certificate shall be \$50.00.

**Applications must have the following attached:**

1. The fee for such certificate shall be **\$50.00**, made payable to the **“Treasurer, State of Connecticut”**.
2. **Original certificate** of course on medical gas and vacuum system installation as required by American Standards Institute-American Society of Sanitary Engineering Series 6000.
3. **Original certificate** that you are certified as a medical gas and vacuum system brazier issued in accordance with the standards of Section IX entitled “Welding and Brazing Qualifications” of the American Society of Mechanical Engineers Boiler and Pressure Vessel Code. Such certificate shall be maintained consistent with the standards of NFPA 99, ASSE and ASME.
4. **Photo copy of your current license** as a P-1, P-2, S-1, S-2, S-3 or S-4 with the Department of Consumer Protection under Chapter 393 of the Connecticut General Statutes, Section 20-330.

A **MG-1** type of certification will be issued to a licensed contractor, and a **MG-2** type certification will be issued to a licensed journeyman under requirement #4.

➔ **MAIL** your completed application and fee to:

Connecticut Department of Consumer Protection  
 Occupational and Professional Licensing Division  
 450 Columbus Blvd. Ste 901, Hartford, CT. 06103

Occupational and Professional Licensing Division  
 Phone: 860-713-6135 FAX#: 860-713-7230  
 E-Mail: [dcp.occupationalprofessional@ct.gov](mailto:dcp.occupationalprofessional@ct.gov)  
 Web site: [www.ct.gov/dcp](http://www.ct.gov/dcp)

*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application can not be processed.*

**Applicant Information:**

First Name, Middle Initial, Last Name			License Type Applying For:	
Residence Street Address		City or Town	State	Zip Code
Telephone Number (w/ area code)	Email Address	Social Security Number		Date of Birth
Mailing Address (Name, # & Street if different from above)		City or Town	State	Zip Code
Do you presently hold a license for your occupation in any State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of your current license				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation and notarized statement re: the conviction(s).				

**Notarization:**

*I, being duly sworn according to law, hereby affirm that the answers given in this application are true to the best of my knowledge and belief and that this application is made for the sole purpose of obtaining a license.*

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

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public, Justice of the Peace, Commissioner of Superior Court \_\_\_\_\_  
 My Commission Expires