



**CURRENT EMPLOYER:**

Name of Company/Organization \_\_\_\_\_ PHONE(\_\_\_\_\_)\_\_\_\_\_

Employer Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

**PREVIOUS EMPLOYER:**

Name of Company/Organization \_\_\_\_\_ PHONE(\_\_\_\_\_)\_\_\_\_\_

Employer Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

**PREVIOUS EMPLOYER:**

Name of Company/Organization \_\_\_\_\_ PHONE(\_\_\_\_\_)\_\_\_\_\_

Employer Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

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**SCHEDULE OF FEES:**

<b>MEDICAL GAS AND VACUUM SYSTEMS VERIFIER LICENSE FEE</b>	<b>\$200.00</b>
<b>PROCESSING CHARGE</b>	<b>\$ 10.00</b>
<b>TOTAL</b>	<b>\$210.00</b>

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STATE OF \_\_\_\_\_ PARISH OF \_\_\_\_\_

THE APPLICANT, WHOSE NAME IS \_\_\_\_\_ BEING SWORN,  
DECLARED THAT THE FOREGOING STATEMENTS SUSCRIBED TO ARE TRUE TO THE BEST OF  
HIS/HER KNOWLEDGE AND BELIEF, AND THAT HE/SHE PERSONALLY SIGNED THIS APPLICATION.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

SUBSCRIBED AND SWORN TO BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY

NOTARY  
SEAL