(MUST BE ON CONTRACTOR LETTERHEAD)

FEE: $40.00

Send to: NITC, 501 Shatto Place, Suite 201, Los Angeles, CA 90020 Office: (877) 457-6482 Fax: (213) 382-2501

RECORD OF CONTINUITY BRAZER QUALIFICATION FOR MEDICAL GAS & VACUUM SYSTEMS

We wish to use provision QB-322 of the ASME Section IX Boiler and Pressure Vessel Code:

> Renewal of qualification of the performance qualification is required when a brazer or brazing operator has not used the **specific brazing process for a period of 6 months** or more; or when there is a specific reason to question the ability to make brazes that meet the specification.

We also wish to comply with the NFPA99 Health Care Facilities Code:

> Performance qualifications of brazers shall remain in effect indefinitely, unless the brazer does not braze with the **qualified procedure for a period exceeding 6 months** or there is a specific reason to question the ability of the braze.

BRAZER NAME _____

BRAZER STREET ADDRESS _____

CITY, STATE, AND ZIP _____

SOCIAL SECURITY # or CARD I.D.# XXX- - / ID# _____

RESIDENCE PHONE _____ CELLULAR PHONE _____

This individual has brazed using the qualified process and specific brazing procedure listed below.

NITC BPS# **13-BPS148**

This individual has not exceeded a period of six (6) months without making a braze to this procedure and continues to demonstrate the ability to make sound brazes.

DATE OF MOST RECENT BRAZEMENT _____ (Must be on or before expiration date)
Note: This individual's braze qualification will be extended six (6) months from the date entered above.

Sincerely, _____ _____

Print Name of Contractor or authorized representative (Individual that witnessed brazement)

Signature of Contractor or authorized representative (Individual that witnessed brazement)

_____

Title of signer

_____

Name of Company

Please refer to the NITC Website for current pricing www.nationalitc.com

Method of Payment

*Total Amount Enclosed: $ _____ Check ☐ Money Order ☐ Visa ☐ Master Card ☐ AMEX ☐

*Credit Card No: _____ *Expiration Date: _____

* CVV2: _____ *Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.*

*Credit Card "*Billing Address*": _____ *Credit Card "*Billing Address*" Zip Code: _____

*Name on Card: _____ *Signature: _____

As it appear on card (Please Print) ***Signature as shown on credit card***