

**(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  
Email: [brazecontinuity@nationalitc.com](mailto:brazecontinuity@nationalitc.com)

**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 procedure and specific brazing process 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](http://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*