

(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

**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

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*