PLUMBERS & PIPEFITTERS LOCAL NO. 9 EDUCATION FUND
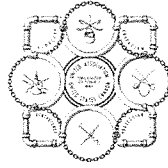
LOCAL #9 TRAINING CENTER

450 RT. 33 & IRON ORE ROAD, ENGLISHTOWN, NEW JERSEY 07726
TELEPHONE: (732) 446-1550   FAX: (732) 446-0171

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

Form # 720-21 Rev 11-14-17 (record of continuity).doc