

This form must be copied onto contractor letterhead.

Fee: \$50.00 if sent directly to NITC

OR

Fee: \$40.00 if sent to Steamfitters' L.U. 420

Methods of payment are listed below, payable to NITC

Credit Card Payment Only; NO checks or money orders

Send to: NITC

Send to: Steamfitters' Training Center L.U. 420

501 Shatto Place, Suite 201

14420 Townsend Road, Suite C

Los Angeles, CA 90020

Philadelphia, PA 19154

Office: (877) 457-6482

Attn: Greg Beck

Fax: (213) 382-2501

Office: (267) 350-2610

Fax: (267) 350-2611

RECORD OF CONTINUITY BRAZER QUALIFICATION

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

Renewal of qualification of a 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. This individual has brazed using the qualified procedure and specific brazing process within the NITC BPS# **13-BPS148**

BRAZER NAME: _____

BRAZER STREET ADDRESS: _____

CITY, STATE, AND ZIP: _____

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

CELL/OTHER PHONE: _____ E-MAIL: _____

This individual has not exceeded a period of six (6) months without making a required braze for the qualification(s) as noted below and continues to demonstrate the ability to make sound brazes that meet the specification(s).

Braze Qualification(s)	Check all that apply	DATE OF MOST RECENT Brazement (must be on or before expiration date)
ASME IX Medical Gas Braze	<input type="checkbox"/>	
HVACR Braze	<input type="checkbox"/>	

Sincerely, _____
Print Name of Company's Authorized Representative

Signature of Company's Authorized Representative

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 appears on card (Please Print)

Signature as shown on credit card