

INSTALLERS PERFORMANCE TESTING RECORD

Installer's Name _____ Brazer's ID Number _____

Home Address _____

City/State/ZIP _____ Phone # _____

Email address _____

NAME OF FACILITY AND LOCATION OF WHERE MEDICAL GAS BRAZING WAS PERFORMED

Name of Facility _____

Address of Facility _____

City/State/ZIP _____

Date when job was performed _____

Witnessed by: _____

I have performed medical gas brazing within the semi-annual period of my certification as described in the NFPA99C.

Your Signature

Date

Semi-Annual Renewal Policy

If we receive your paperwork after your expiration date there will be a late fee of \$25.00 to renew with the proper verification forms. If installer allows his certification to expire more than 3 months he/she will be required to attend a brazing workshop to be re-certified or mail in a brazed 1½ " coupling according to med gas procedures to be re-certified at a cost of \$100.00. After 6 months the installer must retake the entire course at a discounted cost of \$400.00.

Office Use Only
Date Received

Return To:
United Service Training Corp
2201 N Andrews Avenue Suite 101
Pompano Beach, FL 33069
Telephone 954-975-5300 Fax 954-975-5371