

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 _____

Employer, superintendent, or witnesses name _____

I have performed medical gas brazing within the semi-annual period of my certification as described in the NFPA 99C 2002 Edition (*Page 35— Section # 5.1.10.6.12.7*).

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 \$350.00.

Revised 8/2/2006