

## 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.

\_\_\_\_\_  
Please type your name above in place of 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