

**(MUST BE ON CONTRACTOR LETTERHEAD)**

**FEE: \$50.00**

Send to: NITC, 501 Shatto Place, Suite 201, Los Angeles, CA 90020 Office: (877) 457-6482 Fax: (213) 382-2501  
Email: [brazcontinuity@nitc.com](mailto:brazcontinuity@nitc.com)

**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# \_\_\_\_\_  
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  
(Wet Signature or Verified Digital Signature)  
\_\_\_\_\_  
*Title of Signer* *Name of Company*

Please refer to the NITC Website for current pricing [www.nationalitc.com](http://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*