

This form must be copied onto contractor letterhead.

Fee: \$50.00 (eff. 03/01/22) if mailed directly to NITC
 Methods of payment are listed below, payable to NITC
 Send to: National ITC Corporation
 501 Shatto Place, Suite 201
 Los Angeles, CA 90020
 Office: (877) 457-6482 / Fax: (213) 382-2501

OR Fee: \$40.00 (eff. 03/01/22) if mailed to Steamfitters L.U. 420
 Credit Card Payment Only: NO checks or money orders
 Send to: Steamfitters' Training Center L.U. 420
 14420 Townsend Road, Suite C
 Philadelphia, PA 19154
 Attention: Greg Beck
 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# _____
 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 checked="" 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