



Plumbers & Pipefitters Apprenticeship Training of Arkansas

Website: ppata.com

4501 Hoffman Road
Little Rock, AR 72209
(501) 562-4482

701 Spradley Road
Van Buren, AR 72956
(479) 474-8004

128 Old Place Road
El Dorado, AR 71730
(870) 863-6169

RECORD OF CONTINUITY BRAZER QUALIFICATION FOR MEDICAL GAS & VACUUM SYSTEMS

We wish to use provision QB-322(a) of the ASME Section IX Boiler and Pressure Vessel Code:

Renewal of qualification of the 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 specific reason to question the ability of the braze.

BRAZER NAME _____ SOCIAL SECURITY #: _____

BRAZER STREET ADDRESS: _____ CARD NO. _____

BRAZER CITY, STATE, ZIP _____

RESIDENCE PHONE: _____ CELLULAR PHONE: _____

NITC BPS# **13-BPS148**

This individual has not exceeded a period of six (6) months without making a braze to this procedure and continues to demonstrate the ability to make sound brazes.

DATE OF MOST RECENT BRAZEMENT _____ (must be on or before expiration date)

Note: This individual's braze qualification will be extended six (6) months from the date entered above.

Sincerely

Print Name of Contractor or authorized representative
(Individual that witnessed braze)

Signature of Contractor or authorized representative
(Individual that witnessed braze)

Title of signer

Name of Company

Please refer to the NITC Website for current pricing www.nationalitc.com

Method of Payment | FEE: \$40.00

Personal Check or MO Make checks payable to "PPATA." Total Amount Enclosed: \$ _____

Credit Card VISA MasterCard American Express

Credit Card No: _____ Expiration Date (mo/yr): ____ / ____ CVV2 _____

CC Billing Address: _____ CC Billing Address Zip Code: _____

Name on Card: _____ Signature _____ (as shown on credit card)

Mail Continuity to: PPATA, 4501 Hoffman Road, Little Rock, AR 72209