



Braze Continuity Letter Instruction and Sample

1. NITC's most current braze continuity letter must be used. The braze continuity letter is available on our website at www.nationalitc.com or from our office.
2. The braze continuity letter must
 - a. be on contractor or J.A.T.C. letterhead.
 - b. fill out brazer's information (provide full name, address, email, etc.)
 - c. check braze qualification box either ASME Braze for Medical Gas, HVACR Braze or both if both are being renewed.
 - d. have a date for the most recent brazement that is prior to the expiration date of the brazer's certification.
 - e. be signed by a contractor or by an authorized representative of the company, that witnessed the braze.
3. When continuity is properly submitted, the brazing certification will be extended for six months from the date of the recent brazement. The date of last brazement cannot be post-dated. The Continuity Form must be received after the date of most recent brazement.
4. Please refer to the completed form below as an example. Blank braze continuity letters are titled "Installer-Brazer Continuity Form" and are available under the *Medical Gas Installer Certification* section at www.nationalitc.com.



INSPECTION • TESTING • CERTIFICATION

ISO 9001:2015 Certified

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: John Doe
BRAZER STREET ADDRESS: 501 Shatto Place
CITY, STATE, AND ZIP: Los Angeles, CA 90020
SOCIAL SECURITY # or CARD I.D.# XXX- 45 - 6789 / ID# 1234567
CELL/OTHER PHONE: (555) 555-5555 E-MAIL: john DOE@emailaddress.com

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"/>	07/01/2019
HVACR Braze	<input type="checkbox"/>	

Note: Your braze certification will be extended 6 months from the date of most recent brazement. (Example the Expiration date will be 01/15/09)

Sincerely, Jarrold Ferruccio
Print Name of Company's Authorized Representative


Signature of Company's Authorized Representative

Executive Vice President

National ITC

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*