

INSTALLERS PERFORMANCE TESTING RECORD

Installer's Name _____ Brazer's ID Number _____

Home Address _____

City/State/ZIP _____ Phone # _____

Email address _____

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

I have performed medical gas brazing within the semi-annual period of my certification as described in the NFPA99

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, if the expiration date on your card exceeds 2 years there is no discounted rate.

Office Use Only
Date Received

Return To:
Florida Medical Gas
4350 Brownsboro Rd Suite 133
Louisville KY 40207
Telephone 954-975-5583
or
Email: info@floridamedicalgas.com

IF YOU WOULD LIKE TO PAY BY CREDIT CARD FILL OUT THE INFORMATION BELOW

Total Amount Enclosed: \$ _____ Visa Master Card AMEX Discover

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*