

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 (IPTR) after your expiration date, there will be a late fee of \$25 assessed to renew with the proper verification forms(IPTR). If an installer allows his or her certification to expire more than 6 months he/she will be required to attend a brazing workshop to be re-certified or mail in a brazed 1 1/2" coupling according to medical gas procedures to be re-certified at a cost of \$250.00. After 2 consecutive missed renewals the installers must retake the entire course at the full course price. Your card will be made inactive until you have taken the course, at which point your card will be reinstated once you have passed the course

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*