



MEDICAL GAS
ACCREDITATION

Medical Gas Accreditation

PO Box 820
Villa Rica, GA 30180

Phone: (770) 783-3630

Fax: (678) 498-2749

www.medgaslicense.com

**NFPA 99 Record of Procedure Continuity
Biannual Qualification Affidavit:**

Date Sent:

Brazer Name:

License Number:

Employer:

Mailing Address:

Employer's Phone:

Brazer's Home Phone:

Brazer's Cell Phone:

Brazer's Email:

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This affidavit will confirm that the above named brazer has successfully brazed within the last six (6) months from the above referenced date using the qualified procedure as recognized by Medical Gas Accreditation Inc. and ASME Section IX as modified by NFPA 99. This affidavit will also confirm that the original braze certification credentials will remain in effect per the requirements of paragraph 5.1.10.11.11.7 of the 2021 edition of NFPA 99.

Brazer's Signature: _____

Date: _____

Print Name: _____

Witness Signature: _____

Date: _____

Print Name: _____

Please fill in all of the requested information. If any corrections are needed, please indicate them above.
