



*"The Medical Gas Professionals"*

## REFRESHER COURSE APPLICATION

\$385/ Attendee for Classroom Portion Only.

If the Installer needs to provide a Braze Coupon for renewal, add \$100.00.

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

**Please Note:** Renewal 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 there is a specific reason to question his ability to make brazes that meet the specification.

INSTALLER NAME: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, AND ZIP \_\_\_\_\_

LAST 6 OF SOC. SEC.# OR CARD ID# \_\_\_\_\_

HOME PHN. \_\_\_\_\_ MOBILE PHN. \_\_\_\_\_

INSTALLER EMAIL \_\_\_\_\_

*"This individual has successfully brazed using the procedure set forth by National ITC Corporation, BPS 13-148 and has not exceeded a period of six (6) months without making a braze with this procedure."*

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

Sincerely, \_\_\_\_\_

Print name of Contractor or  
Authorized Representative.

Signature of Contractor or  
Authorized Representative.

Title of Signer, \_\_\_\_\_ Name of Company \_\_\_\_\_ Email \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_ (\$385/Refresher Course Attendee)

Check  Money Order  Credit or Debit Card

Online Payment (request link at [customer.service@medgaspro.org](mailto:customer.service@medgaspro.org) or call 863-646-7555)

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Security# on back (3 or 4 digits) \_\_\_\_\_

Credit Card "Billing Address" Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

*Authorization of payment on the above noted Credit/Debit Card*

**Corporate Office · 4518 Clements Rd. Lakeland Florida 33811 Phone: 863-646-7555 · Fax 863-646-2999**

***"Medical Gas Pipeline Equipment Service, Training, Sales, Training & Verifications"***