



Medical Gas Pipeline Equipment Service

Sales, Verifications & Training

**NFPA 99-2021 Refresher Training for
Medical Gas Systems Installers,
Inspectors & Maintenance Personnel**

4 Hours of Training on the Changes

from NFPA 99-2018 to the NFPA 99-2021

Cost \$385.00 (including NFPA 99-2021 Book-\$105 value)

Dates & Locations are being established based on need

**Any Participants whom are currently Qualified under Florida
Statutes will receive the Applicable VPS, Inc.**

NFPA 99-2021 Card & Certificate

**State of Florida CILB Provider# 1166, Course#0608446
NITC/ASSE 6050 Instructors**

**Phone: (863) 646-7555 Fax: (863) 646-2999
Customer.Service@medgaspro.org
www.medgaspro.org**



"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 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