**Company Name:** Please enter complete company name

**Company Address:**

Street

Department

City, State, Zip Code

Office Number

Fax Number

***It is the Credentialed Installer’s responsibility to keep a brazing record. This record is proof you’re your employees meet the qualifications under provision QB-322 (a) of the ASME Section IX Boiler and Pressure Vessel Code. This provision requires that a Medical Gas Installer must braze continually, at least once every six months, to meet the performance qualification of the ASSE 6010 Medical Gas Installer Credential. If this record is not kept and you cannot prove continuity, then your credential is no longer valid regardless of the expiration date and re-qualification may be required.***

**Name of Witness or Authorized Corporate Representative:** Last Name, First Name

**Witness or Representative Contact Number:** Primary Contact Number

**Witness or Representative Signature:** Sign Here

***The above witness or corporate representative attests the named Individuals below have successfully brazed on the following dates in compliance with the requirements of provision QB-322 (a) of the ASME Section IX Boiler and Pressure Vessel Code.***

***Installers***

**1. Installer:** Last Name, First Name

**Installer Home Address:**

Street

Apt Number

City, State, Zip Code

**Last Verified Braze Date:** Click or tap to enter a date.

**Next Braze must be by:** Click or tap to enter a date.

**Date of Braze:** Click or tap to enter a date.

**Installer’s Signature:** Sign Here

**2. Installer:** Last Name, First Name

**Installer Home Address:**

Street

Apt Number

City, State, Zip Code

**Last Verified Braze Date:** Click or tap to enter a date.

**Next Braze must be by:** Click or tap to enter a date.

**Date of Braze:** Click or tap to enter a date.

**Installer’s Signature:** Sign Here

**3. Installer:** Last Name, First Name

**Installer Home Address:**

Street

Apt Number

City, State, Zip Code

**Last Verified Braze Date:** Click or tap to enter a date.

**Next Braze must be by:** Click or tap to enter a date.

**Date of Braze:** Click or tap to enter a date.

**Installer’s Signature:** Sign Here

**4.Installer:** Last Name, First Name

**Installer Home Address:**

Street

Apt Number

City, State, Zip Code

**Last Verified Braze Date:** Click or tap to enter a date.

**Next Braze must be by:** Click or tap to enter a date.

**Date of Braze:** Click or tap to enter a date.

**Installer’s Signature:** Sign Here