

As the _____ (Job Title)

at _____ (Company)

I, _____ (Name) attest that the Brazing Continuity records submitted to MyMedGas Credentialing for

_____ (Brazer name) are accurate and correct. The records submitted include all of the required information to show that the applicant is meeting the obligations under **Section IX, “Welding and Brazing Qualifications”, of the ASME Boiler and Pressure Vessel Code**, or **AWS B2.2/B2.2M, Specification for Brazing Procedure and Performance Qualification**, both as modified by NFPA99-2024 5.1.10.11.11.2 through 5.1.10.11.11.5.

Signature _____ (wet or digital signature accepted)

Date _____

Phone: _____

Email: _____