

# ORLANDO & VICINITY PLUMBERS & PIPEFITTERS

## Joint Apprenticeship Training Committee

2447 Orlando Central Parkway  
Orlando, Florida 32809  
PH: (407) 851-7370  
FAX: (407) 851-1633

A joint committee of participating  
Mechanical Contractors and the  
United Association of Journeyman  
Plumbers and Pipefitters.

March 1, 2021

Dear Brothers and Sisters,

A Medical Gas Installer/Brazer certification class is being held on May 15-16 and May 22-23, 2021.

- The instructional training sessions will be held on May 15, 16 and 22, 2021.
- The written exam and brazing certification will be held on May 23, 2021.
- The hours for each session will be 7:00 a.m. – 5:30 p.m. and you must attend all four (4) sessions.

**Seating for this event is extremely limited so, if you are interested in this certification opportunity, there are a couple of things we need you to do in order for us to complete the registration process.**

- 1. Please print and complete the attached NITC Application for Medical Gas Installer/Brazer Certification Examination form and return it to our office.**

It can be returned by:

- Fax: 407-851-1633
- Email: [jac@local803.org](mailto:jac@local803.org)
- Mail: Local 803  
2447 Orlando Central Parkway  
Orlando, Florida 32809

**The registration deadline for this training is Friday, April 2, 2021 at 4:00 p.m.**

Please note that we are required to pay a \$116.00 non-refundable fee for each person registering for this training. For that reason, we are asking each person requesting to be registered to:

- 2. Please enclose a check made out to Local 803 JAC in the amount of \$116.00 to cover the cost of the training.**
  - The check will be held and returned to you once you have completed the training.
  - If you fail to attend the training or inform us that you are unable to attend, after the registration process is complete, the check will be cashed.

Please feel free to contact our office at: **407-851-7370** with any questions you may have.

Fraternally,

*Brandon Thomas*

Brandon Thomas  
Training Director

## Application for Medical Gas Installer/Brazer Certification Examination

- I will be taking this exam at the instruction site upon completion of my course.  
 I will be taking this exam at a PSI center. (Provide method of payment below)  
 I have a minimum of four (4) years of documented practical experience in the installation of piping systems.  
 I will have completed the required 32-hour training course prior to my test date. (Course instruction must be conducted by a Medical Gas Systems Instructor certified to SSSE 6050. (See ASSE standard 6010, Section 10-3.2.3)

I have read the Candidate Information Bulletin for NITC Medical Gas Installer/Brazer Examination.

I am requesting the examination to the NFPA 99-2015 Edition.

I would like to receive notifications via text.    I would like to receive notifications via email.

First Name	M.I.	Last Name	SS#
Street Address	City	State	Zip
Email Address	Home Phone	Work Phone	Cell Phone
<u>LU 803, 2447 Orlando Central Parkway, Orlando Fl. 32809</u>	<u>May 15-16 &amp; 22-23, 2021</u>	<u>Leroy Givens</u>	
Training Center Location	Training Course Date	Name of Instructor	
<u>803</u>			
Local Union # (if Applicable)	Certification ID Number (If Applicable)		

List your present or most recent employer first. Attach any documentation you have that would prove that you have four (4) years' experience in the installation of piping systems. Acceptable documentation: Letters from employers, employment history, certification records, state license(s) and any other employment records.

**(Phone numbers are required for verification.)**

Employer	City	Phone #	From Month/Year	To Month/Year

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be cause for disqualification.

As a holder of an NITC certification I shall agree to the following:

- I will make no/any false claims about the scope of my certification(s)
- I will not engage in false or misleading advertising of my NITC Certification, nor shall I utilize an NITC certification in any manner that portrays NITC unfavorably.
- I will not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner that may be inaccurate or false.
- I will notify NITC without delay of any changes in my capability to fulfill the requirements of this certification.

I understand that NITC reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the "holder" of an NITC Certification and shall return any certificates, including wallet sized photo identification cards to NITC.

I understand and agree that my examination results may be shared with the course instructor, Training Coordinator, or training entity.

By affixing my signature to this application, I agree to abide by the rules and regulations of certification holders as set forth by the NITC Certification Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_