



Affidavit of Continuity — Medical Gas Installation

Plumber Certification
PO Box 44470
Olympia WA 98504-4470
Questions? Call 360-902-5207

Important:

You must submit the original form with no errors, whiteouts, or alterations to the form.

The plumbing contractor, authorized representative, or union representative must complete and sign this form. Their signature must be notarized.

I, _____ certify that _____
Print name of owner, authorized contractor representative, or union representative Print name of medical gas installer

_____ has performed brazing in Washington as an employee or union member of _____
Print medical gas endorsement number

_____ _____
Print name of contractor or union affiliation Print UBI number or license number of contractor

Brazing is required six (6) times within your renewal cycle, at approximately six (6) month intervals. Provide the dates of brazing below.

_____ Month	_____ Year	_____ Month	_____ Year
_____ Month	_____ Year	_____ Month	_____ Year
_____ Month	_____ Year	_____ Month	_____ Year

I, _____ certify that I have reviewed the current Medical Gas code
Signature of medical gas endorsement holder
adopted by the Washington State Building Code Council.

Contractor/Union representative signature *must* be notarized

Print name of owner, authorized contractor or union representative _____
Signature of owner, authorized contractor or union representative

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

Notary Seal or Stamp
