UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name | MI | Last Name

UA Card Number

UA Testing Local

WELDER CONTINUITY INFORMATION

Indicate the last date the process was used

SMAW ___/___/___ * Manual Welding

GTAW ___/___/___ * Manual Welding

GMAW ___/___/___ * This includes Flux-Cored Arc Welding (FCAW)

Automatic or Machine Welding (GTAW) ___/___/___ * This includes orbital welding

Torch Brazing ___/___/___ * Non Med-Gas

We certify that the statements made on this record are correct:

Manufacturer/Contractor Company Name

Signature of Company Representative

Date Signed

Printed Name & Title of Company Representative

UA Local Union Number

Signature of UA ATR

Date Signed

Printed Name of UA ATR

Mail To: The UA Testing Local shown above, ATTN: UA Authorized Testing Representative