

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 _____

Manufacturer/Contractor Representative Signature _____

Date: _____

Printed Name & Title of Company Representative _____

UA Local Union Number _____

UA Authorized Test Representative Signature _____

Date: _____

Printed Name of UA Authorized Test Representative _____

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