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:

Employing Manufacturer/Contractor Company Name or UA ATF Local Number

Signature of Company Representative or UA ATR

Date Signed

Printed Name & Title of Company Representative or UA ATR

Contact Phone Number

MAIL COMPLETED FORM TO
UA Testing Local shown above
ATTN: UA Authorized Testing Representative