

UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name

MI Last Name

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UA Card Number

UA Testing Local

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WELDER CONTINUITY INFORMATION

Indicate the last date the process was used

SMAW

		/			/		
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 * Manual Welding

GTAW

		/			/		
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 * Manual Welding

GMAW

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

Automatic or Machine Welding (GTAW)

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 * This includes orbital welding

Torch Brazing

		/			/		
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 * 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