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

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