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