

UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name	MI	Last Name

UA Card Number	UA Testing Local

Your

ADDRESS, CITY, STATE & ZIP CODE
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