

# 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

<b>SMAW</b>			/			/			* Manual Welding
<b>GTAW</b>			/			/			* Manual Welding
<b>GMAW</b>			/			/			* This includes Flux-Cored Arc Welding (FCAW)
<b>Automatic or Machine Welding (GTAW)</b>			/			/			* This includes orbital welding
<b>Torch Brazing</b>			/			/			* 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