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

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

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