

# UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name	MI	Last Name																																													
<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																						<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					

UA Card Number	UA Testing Local												
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## WELDER CONTINUITY INFORMATION

Indicate the last date the process was used

<b>SMAW</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr> </table>			/			/			* Manual Welding
		/			/					
<b>GTAW</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr> </table>			/			/			* Manual Welding
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		/			/					
<b>Automatic or Machine Welding (GTAW)</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr> </table>			/			/			* This includes orbital welding
		/			/					
<b>Torch Brazing</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr> </table>			/			/			* 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