

UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name

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Last Name

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UA Card Number

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UA Testing Local

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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

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