# 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

**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