

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

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