

# UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name	<input type="text"/>	MI	<input type="text"/>	Last Name	<input type="text"/>
UA Card Number	<input type="text"/>	UA Testing Local	<input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="3"/>		

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## WELDER CONTINUITY INFORMATION

Indicate the last date the process was used

<b>SMAW:</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	* Manual Welding
<b>GTAW:</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	* Manual Welding
<b>GMAW:</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	* This includes Flux-Cored Arc Welding (FCAW)
<b>Automatic or Machine Welding (GTAW):</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	* This includes orbital welding
<b>Torch Brazing:</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	* Non Med-Gas

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We certify that the statements made on this record are correct:

<hr/> Manufacturer/Contractor Company Name	
<hr/> Signature of Company Representative	<hr/> Date Signed
<hr/> Printed Name + Title of Company Representative	
<hr/> UA Local Union Number	
<hr/> Signature of UA ATR	<hr/> Date Signed
<hr/> Printed Name of UA ATR	

Mail To: The UA Testing Local shown above, ATTN: UA Authorized Testing Representative