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
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

Mail to:

Fax to: 203-686-0711

2225374858 Sgt. David Coullard & Local 777 Veterans Training Center 450 Murdock Avenue Meriden, CT 06450

Chris Capozzi

ATR/CWI

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