

# 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

**Mail to:** **Fax to: 203-686-0711**

2225374858 **Sgt. David Coullard & Local 777**  
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Revision: 09.2007

