

UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name	MI	Last Name																																																																	
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UA Card Number	UA Testing Local																
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WELDER CONTINUITY INFORMATION

Indicate the last date the process was used

SMAW	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>			/			/						* Manual Welding
		/			/								
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		/			/								
Automatic or Machine Welding (GTAW)	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>			/			/						* This includes orbital welding
		/			/								
Torch Brazing	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>			/			/						* 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**