

# 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

<b>SMAW</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	*Manual Welding
<b>GTAW</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	*Manual Welding
<b>GMAW</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	*This includes Flux-Cored Arc Welding (FCAW)
<b>Automatic or Machine Welding (GTAW)</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	*This includes Orbital Welding
<b>Torch Brazing</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	*Non Med-Gas

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

Manufacturer/Contractor Company Name	Date:
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  
OR Submit to your local Training Department