

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** [ ][ ] / [ ][ ] / [ ][ ] \* 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**