UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name MI Last Na	me
UA Card Number UA Testing Loc	cal
WELDER CONTINUITY INF Indicate the last date the proces	
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	e correct:
Manufacturer/Contractor Company Name	
Manufacturer/Contractor Representative Signature	Date:
Printed Name & Title of Company Representative	
UA Local Union Number	
UA Authorized Test Representative Signature	Date:
Driet d North of HA As the principal Total December 1	

Mail To: The UA Testing Local shown above, ATTN: UA Authorized Testing Representative

Email: tommy.dorminey@ua91.org

Fax: (205) 595-8713

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