## 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

2225374858 Revision: 09.2007