UA WELDER QUALIFICATION CONTINUITY REPORT

Welder/Brazer Information

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

OTHER / /

(Specify Other: Medical Gas Brazing, Plastic Fusion, etc…)

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

CONTRACTOR

Manufacturer/Contractor Company Name and Address

Signature of Company Representative

Date Signed

Printed Name & Title of Company Representative

UA ATR-CWI

Signature of UA ATR

Date Signed

Printed Name of UA ATR

UA Local Union Number

FAX Form To: (408) 453-0104 or Email Form To: continuity@pttc393.org

UA Local 393
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