

# UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name

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Last Name

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UA Card Number

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UA Testing Local

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## WELDER CONTINUITY INFORMATION

Indicate the last date the process was used

**SMAW**

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\*Manual Welding

**GTAW**

		/			/		
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\*Manual Welding

**GMAW**

		/			/		
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\*This includes Flux-Cored Arc Welding (FCAW)

**Automatic or Machine Welding (GTAW)**

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\*This includes Orbital Welding

**Torch Brazing**

	/		/		
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\*Non Med-Gas

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

\_\_\_\_\_  
Printed Name of UA Authorized Test Representative

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