

MI Last Name

[illegible]

UA Testing Local

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Indicate the last date the process was used

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* Manual Welding

		/			/			*
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* Manual Welding

		/			/		
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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

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

Email: continuity@ualocal434.org

Or Mail to:

UA Local 434 Training Department

885 Indianhead Drive

Mosinee, WI 54455