

UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name _____ MI _____ Last Name _____

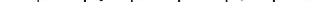
UA Card Number	UA Testing Local
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WELDER CONTINUITY INFORMATION

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

SEND COMPLETED FORM TO:

Email: continuity@ualocal434.org

Or Mail to:

UA Local 434 Training Department

885 Indianhead Drive

Mosinee, WI 54455