

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	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	* Manual Welding
GTAW	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	* Manual Welding
GMAW	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	* This includes Flux-Cored Arc Welding (FCAW)
Automatic or Machine Welding (GTAW)	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	* This includes orbital welding
Torch Brazing	<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	* 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:

**UA Local 434 Training Department
W3380 State Road 37
Eau Claire, WI 54701
Phone: (715) 692-4341**

Or Email to: gkorn@ualocal434.org