UA WELDER QUALIFICATION CONTINUITY REPORT

Weider's First Name MI Last Name
UA Card Number UA Testing Local .
UA Card Number UA Testing Local
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WELDER CONTINUITY INFORMATION Indicate the last date the process was used
indicate the last date the process was used
* Manual 144-1 17
SMAW / / / / / / / / / / / / / / / / / / /
* Manual Molding
GTAW / / * Manual Welding
* This includes Flux Cored Are Welding (Form)
GMAW / * This includes Flux-Cored Arc Welding (FCAW)
And the Third Tools of the State of the Stat
Automatic or Machine Welding (GTAW) / * This includes orbital welding
Torch Brazing / / * Non Med-Gas ·
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
· ·
. UA Local Union Number
. Signature of UA ATR Date Signed
Orioted Name of IIA ATO

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

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