## UA WELDER QUALIFICATION CONTINUITY REPORT

weder's Name
UA Card Number  UA Testing Local
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
MEDICAL GAS CONTINUITY INFORMATION  You MUST indicate the last DATE the process was used
ASME 1X Brazer (6 mos.): / / /
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
Printed Name of UA ATR