

UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
UA Card Number	UA Testing Local	
<input type="text"/>	<input type="text"/>	

WELDER CONTINUITY INFORMATION

Indicate the last date the process was used

SMAW	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*Manual Welding
GTAW	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*Manual Welding
GMAW	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*This includes Flux-Cored Arc Welding (FCAW)
Automatic or Machine Welding (GTAW)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*This includes Orbital Welding
Torch Brazing	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	*Non Med-Gas

We certify that the statements made on this record are correct:

_____ Manufacturer/Contractor Company Name	
_____ Manufacturer/Contractor Representative Signature	_____ Date:
_____ Printed Name & Title of Company Representative	
_____ UA Local Union Number	
_____ UA Authorized Test Representative Signature	_____ Date:
_____ Printed Name of UA Authorized Test Representative	

Mail To: 7570 Caple Blvd. Northwood, Ohio 43619 Fax: 419-662-4534 ATTN: continuity@ualocal50.com

Revision: 08.2023