

UA WELDER QUALIFICATION CONTINUITY REPORT

Welders First Name

Last Name

UA Card Number

UA Testing Local

322

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:

Employing Manufacturer/Contractor Company Name or UA ATF Local Number

Signature of Company Representative

Date Signed

Printed Name & Title of Company Representative

UA Local Union

Signature of UA ATR

Date Signed

Printed Name of UA ATR

MAIL/FAX COMPLETED FORM TO

Local Union 322
534 S. Route 73
Winslow, NJ 08095
FAX 609-567-9695