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