

United Association Certification Continuity Reporting Form

<i>UA Card Number</i>	<i>Home Local</i>	<i>Phone Number</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Address</i>		
<input type="text"/>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Contractor/Owner/ATF</i>		
<input type="text"/>		

Contractor

must be completed or form will be returned.

WELDER/BRAZER Continuity Information

You **MUST** indicate the **LAST** date the process was used

SMAW <input type="text"/> / <input type="text"/> / <input type="text"/> GTAW <input type="text"/> / <input type="text"/> / <input type="text"/> GTAW/SMAW <input type="text"/> / <input type="text"/> / <input type="text"/> TB/Brazing (non med. gas) <input type="text"/> / <input type="text"/> / <input type="text"/>	GMAW <input type="text"/> / <input type="text"/> / <input type="text"/> FCAW <input type="text"/> / <input type="text"/> / <input type="text"/> Auto. Orbital <input type="text"/> / <input type="text"/> / <input type="text"/> Manual Fusion (GTAW) <input type="text"/> / <input type="text"/> / <input type="text"/>
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MEDICAL GAS Continuity Information

You **MUST** indicate the last **DATE** the process was used

ASME IX Brazer (6 mos.) <input type="text"/> / <input type="text"/> / <input type="text"/>	NFPA-99 (3 years) <input type="text"/> / <input type="text"/> / <input type="text"/>
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VALVE REPAIR Continuity Information

You **MUST** indicate the last **DATE** the process was used

Valves <input type="text"/> / <input type="text"/> / <input type="text"/> Actuators <input type="text"/> / <input type="text"/> / <input type="text"/> Snubbers <input type="text"/> / <input type="text"/> / <input type="text"/> Pumps <input type="text"/> / <input type="text"/> / <input type="text"/>	Air Operated Valves <input type="text"/> / <input type="text"/> / <input type="text"/> Pressure Relief Valves <input type="text"/> / <input type="text"/> / <input type="text"/> Non-Destructive Testing <input type="text"/> / <input type="text"/> / <input type="text"/>
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A.S.S.E. BACKFLOW PREVENTION Continuity Information

Assembly Tester and/or Repairer and/or Survey Inspector

You **MUST** indicate the last **DATE** the process was used

Six (6) contact hours relating to Cross Connection Control (CCC) Certification (3 years)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Six (6) hours per year attendance at national, state or local conference on CCC (1 year)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Three (3) hour review course, exam, and performance test of an ASSE 1015 & 1013 (3 years)	<input type="text"/> / <input type="text"/> / <input type="text"/>

We certify that the statements made in this record are correct.

E/M/C or ATR Signature: _____ Title _____ Date _____