

UA WELDER QUALIFICATION CONTINUITY REPORT

WELDERS FULL NAME: _____

UA CARD NUMER: _____

UA TESTING LOCAL: _____

WELDER CONTINUITY INFORMATION

INDICATE THE LAST DATE THE PROCESS WAS USED

SMAW _____ / _____ / _____

GTAW _____ / _____ / _____

GMAW / FCAW _____ / _____ / _____

GTAW (ORBITAL WELDING) _____ / _____ / _____

TORCH BRAZING (UA-51) _____ / _____ / _____

MED GAS BRAZING _____ / _____ / _____

We certify that the statements on this record are correct:

CONTRACTOR COMPANY NAME: _____

E/M/C OR ATR SIGNATURE

TITLE

DATE

MAIL TO: JATC LU 354, PO BOX 325, YOUNGWOOD PA 15697 / FAX TO: 724-925-2108

EMAIL TO: JSCALISE@UANET.ORG

This form can be found on our website: LU354.com