UA WELDER/ MED GAS BRAZER CONTINUITY REPORT

Welder's First Name | MI | Last Name

UA Card Number

UA Testing Local

WELDER / MED GAS BRAZER 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

MED GAS BRAZE / / /

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: The UA Testing Local shown above, ATTN: UA Authorized Testing Representative

Revision: 05.2018