

UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name

Last Name

UA Card Number

UA Testing Local

189

Indicate the **last date** the process was used:

SMAW _____ / _____ / _____ *Manual Welding

GTAW _____ / _____ / _____ *Manual Welding

GMAW _____ / _____ / _____ *Includes Flux-Cored Arc Welding (FCAW)

Automatic or Machine Welding (GTAW) _____ / _____ / _____ *Includes Orbital
Welding

Torch Brazing _____ / _____ / _____ *Non Medical Gas

We certify that the statements made on this record are correct:

Manufacturer/Contractor Company Name

Signature of Company Representative

Date Signed

Printed Name & Title of Company Representative

Signature of UA ATR

UA Local Union Number

Printed Name of UA ATR

Date Signed