

UA QUALIFICATION CONTINUITY REPORTING FORM

NAME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LOCAL NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
UA CARD NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LOCAL NUMBER	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="7"/>

WELDER CONTINUITY INFORMATION

INDICATE THE LAST DATE THE PROCESS WAS USED

SMAW / / * Manual Welding
 GTAW / / * Manual Welding
 GMAW/FCAW / / * This includes Flux-Cored Arc Welding (FCAW)
 Automatic or Machine Welding (GTAW): / / * This includes orbital welding
 Torch Brazing: / / * Non Med Gas

MED GAS CONTINUITY REPORT

INDICATE THE LAST DATE THE PROCESS WAS USED

ASME IX BRAZER (6 MONTHS) / /

WE CERTIFY THAT THE STATEMENTS MADE ON THIS RECORD ARE CORRECT

CONTRACTOR COMPANY NAME		
SIGNATURE OF COMPANY REP.	DATE SIGNED	
PRINT NAME OF COMPANY REP.		
157		
UA LOCAL NUMBER		
SIGNATURE OF LOCAL ATR	PRINT NAME OF LOCAL ATR	DATE SIGNED

PLEASE USE THE ENCLOSED ENVELOPE TO MAIL THIS FORM
 OR FAX THE FORM TO 812-877-4552, OR BY
 EMAIL WELD CONTINUITIES TO BRAD@UALOCAL157.ORG
AND EMAIL MED GAS CONTINUITIES TO JEMIMA@UALOCAL157.ORG