

UA QUALIFICATION CONTINUITY REPORTING FORM

NAME

UA CARD NUMBER

LOCAL NUMBER

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