

# UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name

MI Last 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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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UA Card Number

UA Testing Local

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## WELDER CONTINUITY INFORMATION

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

**SMAW**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 \* Manual Welding

**GTAW**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 \* Manual Welding

**GMAW**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 \* This includes Flux-Cored Arc Welding (FCAW)

**Automatic or Machine Welding (GTAW)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 \* This includes orbital welding

**Torch Brazing**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 \* Non Med-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

**208**

\_\_\_\_\_  
UA Local Union Number

\_\_\_\_\_  
\*Signature of UA ATR

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
\*Printed Name of UA ATR

\* Under the latest changes to the rules of ASME Section IX, a UA Welder performing continuity at an Authorized Testing Facility must be witnessed by a contractor representative, in addition to an Authorized Training Representative (ATR). If an continuity is submitted through your employer an ATR signature is not required.

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