

# UA WELDER QUALIFICATION CONTINUITY REPORT

Welder's First Name

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Last Name

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UA Card Number

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UA Testing Local

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## WELDER CONTINUITY INFORMATION

Indicate the last date the process was used

**SMAW**

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\* Manual Welding

**GTAW**

		/			/		
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\* Manual Welding

**GMAW**

		/			/		
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\* This includes Flux-Cored Arc Welding (FCAW)

**Automatic or Machine Welding (GTAW)**

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\* This includes orbital welding

**Torch Brazing**

		/			/		
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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

\_\_\_\_\_  
539

UA Local Union Number

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

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

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

Mail To/Fax (763) 231-0149: Minneapolis Pipefitters JAC  
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Brooklyn Park, MN 55428-2937

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