UA WELDER QUALIFICATION CONTINUITY REPORT

Welders First Name     MI     Last Name

UA Card Number          UA Testing Local

________________________

WELDER CONTINUITY INFORMATION
Indicate the last date the process was used

SMAW    /    /    * Manual Welding

GTAW    /    /    * Manual Welding

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

Automatic or Machine Welding (GTAW)    /    /    * This includes orbital welding

Torch Brazing    /    /    * 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

__________________________________________
UA Local Union Number

__________________________________________
Signature of UA ATR

Date Signed

Printed Name of UA ATR

Mail To: The UA Testing Local shown above, ATTN: UA Authorized Testing Representative

Revision: 09.2007

2225374858