



United Association

Welder Qualification Continuity Report

Welder's Name _____

Local Number _____ **UA Card Number** _____

Weld Process

Most recent date used

SMAW (Manual Stick)

GTAW (Manual TIG)

Orbital (Automatic/Machine)

Braze (Non-Med-Gas)

WE CERTIFY THE STATEMENTS MADE ON THIS RECORD ARE CORRECT:

Manufacturer/Contractor Company Name

Signature of Company Representative

Date Signed

Printed Name & Title of Company Representative

Signature of UA ATR

Date Signed

Printed Name of UA ATR

Please forward to: Plumbers and Pipefitters
Local 648
456 N. Arthur Ave. #4
Pocatello, ID 83204

FAX # 208-232-6884
Tel. # 208-232-6806