

## UA Local 155 Welder Continuity

\_\_\_\_\_  
Welder's First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
UA Card Number

Indicate the last date the process was used

SMAW (Manual)

\_\_\_\_/\_\_\_\_/\_\_\_\_

GMAW or FCAW

\_\_\_\_/\_\_\_\_/\_\_\_\_

GTAW (Manual)

\_\_\_\_/\_\_\_\_/\_\_\_\_

GTAW (Auto)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Torch Brazing\*

\_\_\_\_/\_\_\_\_/\_\_\_\_

\*Non Med Gas

\_\_\_\_\_  
Signature of Company Representative

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

\_\_\_\_\_  
Printed Name & Title of Company Representative

\_\_\_\_\_  
Contractor Company Name