

UA Local 155 Welder Continuity

Welder's First Name

MI

Last Name

UA Card Number

Indicate the last date the process was used for

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