

UNITED ASSOCIATION & NATIONAL CERTIFIED PIPE WELDING BUREAU JOINT CONTINUITY REPORT



Welder's			M	l	Las	st N	ame	<u>:</u>																	
									$\bigg] \bigg[$																
UA Card Number UA Local												NC	PV	VB S	STA	MP	#								
WELDER CONTINUITY INFORMATION (Indicate the last date the process was used.)																									
SMAW	SMAW / / / * Manual Welding																								
GTAW	* Manual Welding																								
GMAW		/		/			* Ind	clude	s F	-lux	k-Cc	red	Arc	: W	eldi	ng (FCA	٩W))						
Automatic or Machine Welding (GTAW)												* Includes Orbital Welding													
Torch Brazing / / / * Non Med-Gas																									
We certify that the statements made on this record are correct:																									
Contractor/Manufacturer Company Name																									
Signature of Company Representative														Date Signed											
Printed Name & Title of Company Representative																									
FOR UA OFFICE USE ONLY																									
	Signature of UA ATR													_		_	Date Signed								
	Printed Name of UA ATR												-		UA Local Union Number										

Mail or fax to **both** Local 33 Training Center and Iowa Chapter, NCPWB at: