



United Association Local 32 Record of Continuity for Welder / Brazer Qualification

Name _____

Address _____

City _____ State _____ Zip _____

Please check if this is a new address

Local Union _____ UA Card Number _____

Contractor _____

WELDER/BRAZER Continuity Information					
You MUST indicate the last DATE the process was used					
SMAW	- - mm dd yy	FCAW	- - mm dd yy	Auto. Orbital	- - mm dd yy
GTAW	- - mm dd yy	GMAW	- - mm dd yy	Manual Fusion (GTAW)	- - mm dd yy
SMAW/GTAW	- - mm dd yy	TB/Brazing (non med. Gas)	- - mm dd yy		

We certify that the statements made in this record are correct

Contractor Representative (print) _____

Contractor Representative (sign) _____

Return this form to: Seattle Area Pipe Trades Education Center
595 Monster Rd. SW Suite 100
Renton, WA 98055
(425) 271-5900 Fax (425) 271-4985