

WELDER CONTINUITY REPORT

Name: _____

Card # or SSN: _____

Local # 441

Please indicate the last day the process was used. Mail or fax back to the PPATKS office.

SMAW / /
Manual

***Please date on or before expiration date of:**

GTAW / /
Manual

GMAW / /
Manual

We certify that the statements made on this record are correct:

Employing Manufacture/Contractor Company Name or UA ATF Local Number

Signature of Company Representative or UA ATR

Date Signed

Printed Name & Title of Company Representative or UA ATR

Contact Phone Number