

Local 58 Training Center



WELDER CONTINUITY INFORMATION

Please fill in all blanks so we have a current mailing address for your new card.

Welder's Name _____

UA Card # (NOT SSN) _____ Home Phone # _____

Address _____ Home Local # _____

City _____ State _____ Zip _____

WELDING PROCESS

Please indicate the last date the process was used.

SMAW (stick) _____ / _____ / _____

GMAW _____ / _____ / _____
(Includes FCAW)

GTAW (TIG) _____ / _____ / _____

Orbital (Auto) _____ / _____ / _____
(Machine Weld)

Non Med Gas _____ / _____ / _____
Brazeing

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If continuity is by the contractor, please fill out this section only. We certify that the statements made in this record are correct.

Company Name _____ Title _____

Signature _____ Printed Name _____

Date _____ Phone _____ -- _____ -- _____

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If continuity is by the Local JATC, please fill out this section only.

Contractor Representative _____
Signature Printed name

Local # _____ Date Signed _____ - _____ - 20 _____

Mail of fax this form to:

Local 58 JATC • 2864 Janitell Rd. • Colo Spgs, CO 80906 • Ph: (719) 473-9690 • Fax: (719) 477-9556