

UNITED ASSOCIATION OF PLUMBERS AND PIPE FITTERS  
WELDER/BRAZER CONTINUITY REPORTING FORM



Contractor/Owner/ATF \_\_\_\_\_

Phone Number \_\_\_\_\_

Welder's Name \_\_\_\_\_

SS/SI Number \_\_\_\_\_ LU Number \_\_\_\_\_

Welder/Brazer Continuity Information—Last Date Process Used

GTAW \_\_\_\_\_ GMAW \_\_\_\_\_ SMAW \_\_\_\_\_

TB \_\_\_\_\_ OTHER \_\_\_\_\_

We certify that the statements made in this record are correct.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_