



U.A. Local 455 Welder Continuity Log

Date: _____

Contractor: _____

Welder's Name: _____

Welder ID Number: _____

Weld Process	Last Date Welded
SMAW (stick)	_____
GTAW (manual tig)	_____
GMAW (wire feed)	_____
Other (Please specify process)	_____
_____	_____

Contractor Representative _____
(Print name)

Signature: _____

Submit to:
U.A. Local 455 St. Paul Pipefitters JATC
1301 L'Orient Street
Suite 200
Saint Paul, MN 55117
Phone: 651-455-5282
Fax: 651-444-8808
Email: bill.lombard@local455jatc.com
kathleen.zusan@local455jatc.com