



U.A. Welder Continuity Log

Date: _____

Contractor: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Welder's Name: _____

Weld Process:

Last Date Welded:

SMAW (stick)

GTAW (manual tig)

Welder ID Number: _____

Signature: _____

(Contractor Representative)

Mailing to:

Attention: JATC Training Coordinator

St. Paul Pipefitters JATC

1301 L'Orient Street

Saint Paul, MN 55117

Phone: 651-455-5282

Or fax to:

Fax: 651-444-8808

Or email to:

certs@local455jatc.com