

VERIFICATION OF WELDING CONTINUITY

Welders's Name: _____ Book #: _____

Welding performance in the process(es) below must be verified and documented for each 6 month period based on the effective date and expiration date on the front of your card. This form must be completely filled out and submitted no sooner than 90 days prior to the expiration date.

1st SIX MONTHS

Welding Process(es) Used: SMAW FCAW GTAW GMAW (Check or circle all that apply)

Employer: _____ Phone #: _____

Employed From: / / To: / / Jobsite: _____
MM DD YEAR MM DD YEAR

****THIS SECTION IS TO BE FILLED OUT AND SIGNED BY THE PERSON(S) VERIFYING PERFORMANCE OF WELDING****

Witnessed By:

I hereby verify that the above named person welded in the specified process(es) during the date range specified.

Print Name: _____ Signature: _____

- Supervisor
- Inspector
- CWI (CWI stamp required)
- CWI # _____

CWI stamp here

2nd SIX MONTHS

Welding Process(es) Used: SMAW FCAW GTAW GMAW (Check or circle all that apply)

Employer: _____ Phone #: _____

Employed From: / / To: / / Jobsite: _____
MM DD YEAR MM DD YEAR

****THIS SECTION IS TO BE FILLED OUT AND SIGNED BY THE PERSON(S) VERIFYING PERFORMANCE OF WELDING****

Witnessed By:

I hereby verify that the above named person welded in the specified process(es) during the date range specified.

Print Name: _____ Signature: _____

- Supervisor
- Inspector
- CWI (CWI stamp required)
- CWI # _____

CWI stamp here

NOTE: Falsified documentation will result in revocation of qualification/certification and possible legal action.

**Text or email a picture of this completed form to: wcp@ironworkers.org
or mail it to the address on the back of your card**