

WELDTEST SERVICES, LLC

Certification, Inspection, & Training
3500 NE 71st AVE
High Springs, FL 32643
Office (386) 454-0213 Cell (352) 443-0682
Email: weldtestservicesllc@gmail.com
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Maintenance of Welder Qualification Continuity

Welder's First Name _____ MI _____ Last Name _____

Welder ID _____ Phone Number _____
XXX-XX-_____-_____

WELDER CONTINUITY INFORMATION

Enter the date you most recently used the processes you would like to maintain.
Your certification will be extended six months from the date you enter below.

SMAW ____-____-____ **GTAW** ____-____-____

GMAW ____-____-____ **FCAW** ____-____-____

Job No. _____ **Lab No.** ____-____-____

Address: _____

The next section to be completed by Employer, Test Supervisor, or Customer. We certify that the above statements are accurate and true.

Company _____ Date ____-____-____

Signature

Printed Name and Title

Please mail \$10 check or money order and this form to: Weldtest Services, LLC
3500 NE 71st Ave.
High Springs, FL 32643