

MAINTENANCE OF WELDER CERTIFICATION

Last Name

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First Name

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Social Security #

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Email Address: _____

Enter the date you most recently used the process you would like to maintain

SMAW: ___/___/___ GMAW: ___/___/___ OTHER _____

GTAW: ___/___/___ FCAW: ___/___/___

IMPORTANT: Failure to include dates will result in certification being forfeited.

VERIFICATION: Person who certifies that the above named welder used the processes on the dates indicated
check one

EMPLOYER: _____ TEST SUPERVISOR: _____ CUSTOMER: _____

IMPORTANT: This form is not to be signed by the welder

Print Name: _____ Title: _____

Company: _____ Phone: _____

Signature: _____ Date: _____

Use these forms before your expiration date to maintain your certification.

Certifications in accordance with Supplement C or D9.1 for the Sheet Metal Welding Code require maintenance every 12 months.

Certifications in accordance with D1.1 require maintenance every 6 months.

Please mail form to:

SMW #20 JATC
2828 East 45th Street Suite A
Indianapolis, In 46205