

# MAINTENANCE OF WELDER CERTIFICATION

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Member #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 6 months.

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

Please mail form to:

SMW #20 JATC  
2828 East 45<sup>th</sup> Street Suite A  
Indianapolis, In 46205