

Welder Qualification Submission

Company:					Test Date:					
Welder (full name):										
Welder ID or STAMP#:										
Welding Procedure Specification No:										
CODE:	<input type="checkbox"/> AWS	<input type="checkbox"/> ASME	<input type="checkbox"/> API	<input type="checkbox"/> Other						
WELDING PROCESS:	<input type="checkbox"/> FCAW	<input type="checkbox"/> SMAW	<input type="checkbox"/> GTAW			<i>If GMAW is needed, Use next line.</i>				
GMAW (select one)	<input type="checkbox"/> Short Circuit	<input type="checkbox"/> Spray Arc	<input type="checkbox"/> Globular			<input type="checkbox"/> Pulsed				
NOTE: GMAW Short Circuit REQUIRES Destructive Testing										
SAW (select two - one from each line)	<input type="checkbox"/> Direct	OR			<input type="checkbox"/> Remote Visual					
	<input type="checkbox"/> Manual	OR			<input type="checkbox"/> Auto Track					
MATERIAL:	Type:					Grade:				
WELDING POSITION – PLATE:	<input type="checkbox"/> Flat	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical	<input type="checkbox"/> Overhead						
PIPE:	<input type="checkbox"/> 1GR	<input type="checkbox"/> 5G	<input type="checkbox"/> 6G							
Welding Test Witnessed By:					Title:					
Contact Person:					Phone:					
Comments:										
<i>Do you want your samples returned?</i>										

DO NOT WRITE IN THIS BOX: WORLD TESTING USE ONLY					
Date Received:			Time:		
World Testing Lab/NDT/DST Number:					
Received By:					