



WELDER QUALIFICATION SUBMISSION FORM

COMPANY: _____ **TEST DATE:** _____

WELDER: _____

WELDER ID: _____ **STAMP NO.:** _____

WELDER PROCEDURE SPECIFICATION NO.: _____

CODE: AWS _____ ASME _____ API _____ OTHER _____

WELDING PROCESS: _____ **SAW ONLY:** _____
(GMAW, FCAW, SMAW, GTAW, SAW) (Direct or Remote visual control) Manual or Auto Track

MATERIAL: _____

WELDING POSITION: _____

WELDING TEST WITNESSED BY: _____ **TITLE:** _____

CONTACT PERSON: _____ **PHONE NO.:** _____

WELDER ROD OR WIRE _____
GRADE / CLASSIFICATION / SIZE

MISC: _____

