

Structural Steel Welding

Weld Test Conductor Information

Weld Test Conductor (WTC) Name:		
First:	Middle:	Last:
Address (Street or P.O. Box):		
City:	State:	Zip + 4 Code: _
Code Standard and Year:		
Section, Part and Paragraph Number:		Fillet Option:
Test Date (month/day/year):	Expiration Date (month/day/year):	

Welder's Personal Information

Welder's Name:		
First:	Middle:	Last:
Address (Street or P.O. Box):		
City:	State:	Zip + 4 Code: _
Birth Date (month/day/year):	Welder Symbol:	

Employer Information

Name:		
Address (Street or P.O. Box):		
City:	State:	Zip + 4 Code: _

Signature of WTC

Test Information

Weld Procedure Specification Number:	Code Standard and Year Edition:	Welding Process:	Procedure Qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Electrode Specification SFA Number:	AWS Classification:	AWS Group Number:	Base Material Specification:
Thickness of Test Piece:	Tensile Strength:	Is Backing Strip Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amperage: Voltage:
Fillet Weld Number of Passes:	Groove Weld Number of Passes:	Weld Progression: <input type="checkbox"/> Up <input type="checkbox"/> Down	Flux:
Shielding Gas Mixture:	Flow rate:	Interpass Temperature:	Qualification by Radiograph? <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate Joint Position and Type	Indicate Specimen Identification	Describe Any Defects Revealed	Pass or Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Tensile Specimen	Width (in.)	Thickness (in.)	Area (in.)	Ultimate Total Load (lbs.)	Ultimate Unit Stress (PSI)	Character and Location of Failure
Sample 1						
Sample 2						

Complete, cut out and present the **Certificate of Competency Structural Steel Welding** card below to the person who passed the weld test proof of competency.

Certificate of Competency Structural Steel Welding	Specification No.:	Process:	Base Material Group:	
	<i>This certifies that:</i>		Employer:	Address:
	Birth Date:	Welder Symbol:	City:	State: Zip + 4 Code: _

Has passed the required welder qualification test. Extent of limitations listed below.

Weld Position Qualified: <input type="checkbox"/> 1-G <input type="checkbox"/> 2-G <input type="checkbox"/> 3-G <input type="checkbox"/> 4-G	Filler Material:	SFA:	Group:	Thickness Range:
Groove Limited: <input type="checkbox"/> 1-G <input type="checkbox"/> 2-G <input type="checkbox"/> 3-G <input type="checkbox"/> 4-G				
Fillet Limited: <input type="checkbox"/> 1-F <input type="checkbox"/> 2-F <input type="checkbox"/> 3-F <input type="checkbox"/> 4-F	Positions Qualified: <input type="checkbox"/> All	Backing: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pipe tubing: <input type="checkbox"/> Through 4 inches <input type="checkbox"/> Over 4 inches	Test Conducted By:			
Expires:		WTC Credential No:		

Welder's Signature