



# Evidence of Completion of Structural Welding Tests

## Attach this document to one (1) of the following:

1. Application for Welder Registration; or
2. Renewal application for Welder Registration

If this document is sent to the Department of Safety and Professional Services (DPS) without attaching it to a Welder Registration application or a renewal application for Welder Registration, then the department will not process the application. Because this document will not be returned to the applicant, it is a good idea to photocopy it before sending.

The Division of Industry Services requires Welder Registration only for structural welding done under ss. SPS 361 to 365. Initial applications for Welder Registration may be obtained by calling the Customer Service Center at (608) 261-8500 or may be downloaded from the division's web site at this link. Renewal applications for Welder Registration are sent out about 30 days before the expiration date of the existing credential. To qualify for the Welder Registration credential the department must receive the application or renewal application within one (1) year of passing the test.

## This document is to be filled out by the Wisconsin–DPS Certified Weld Test Conductor.

*(Please print clearly. When the form is downloaded from the Internet at <http://dps.wi.gov/Documents/Industry%20Services/Forms/Welding/SB-FormEvidCompleWeld10899.pdf> it may be completed on a computer and printed.)*

### Certified Weld Test Conductor Information:

Weld Test Conductor Name (first, middle and last):

First:	Middle:	Last:	Customer ID # of Weld Test Conductor:
Weld Test Conductor's Signature:			Expiration Date of Credential (month/day/year):

### Person Taking the Test Information:

Name of Person Taking the Test (first, middle and last):		Birth Date (month/day/year):
First:	Middle:	Last:
Welding Process Used for Qualification Test: <input type="checkbox"/> SMAW <input type="checkbox"/> GMAW <input type="checkbox"/> FCAW <input type="checkbox"/> Other: _____		
Test Standards – SPS 305.004	Date Passed Test (month/day/year)	Physical / Bend <i>or</i> Radiographic Test (Check box to indicate type of test)
<b>AWS D 1.1, section 4, part C Structural Welding – Steel</b>		<input type="checkbox"/> Physical / Bend <i>or</i> <input type="checkbox"/> Radiographic
<b>AWS D 1.2, section 3, part D Structural Welding – Aluminum</b>		<input type="checkbox"/> Physical / Bend <i>or</i> <input type="checkbox"/> Radiographic
<b>AWS D 1.3, section 4, part C Structural Welding – Sheet Steel</b>		<input type="checkbox"/> Physical / Bend <i>or</i> <input type="checkbox"/> Radiographic
<b>AWS D 1.6, section 4, part B Structural Welding – Stainless Steel</b>		<input type="checkbox"/> Physical / Bend <i>or</i> <input type="checkbox"/> Radiographic

**Recommendation to Contractor / Welder** – SPS 305.34 (4) (b) requires welders to carry proof of qualification. Upon request of an authorized agent of the department, a welder can make available a **copy of this form** in addition to the department-issued **certification, license or registration wallet card** or other applicable welder documentation such as the WPS, PQR or continuity records to verify qualification at a field site.