



WORLD TESTING INC.

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WELDER QUALIFICATION SUBMISSION FORM

COMPANY: _____ TEST DATE: _____

WELDER: _____ (Full Name)

WELDER ID: _____ or STAMP # _____

WELDING 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: _____
(Type and Grade)

WELDING POSITION: _____
(Flat, Horizontal, Vertical, Overhead)

WELDING TEST WITNESSED BY: _____ TITLE: _____

CONTACT PERSON: _____ PHONE# _____

COMMENTS: _____

Do not write below this line. Information below is for World Testing use only.

DATE RECEIVED: _____ TIME: _____

WORLD TESTING LAB NUMBER: _____

RECEIVED BY: _____