



**WELDER CERTIFICATION UPDATE FORM**

**IRONWORKERS LOCAL 401**

Period of Effectiveness

**AWS D1.1-2015**

**4.2.3.1 Welders and Welding Operators** - The welder's or welding operator's qualification as specified in this code shall be considered as remaining in effect indefinitely unless (1) the welder is not engaged in a given process of welding for the welder or welding operator is qualified for a period exceeding six months, or (2) there is some specific reason to question the welder's or welding operator's ability (see 4.24.1)

**AWS D1.5-2015**

**5.21.4 Period of Effectiveness** - The welder's, welding operator's, or tack welder's qualifications as described in this code shall be considered as remaining in effect indefinitely unless (1) the welder, welding operator, or tack welder is not engaged in the given process for which the welder, welding operator, or tack welder is qualified for a period exceeding six months, or unless (2) there is some specific reason to question the welder's, welding operator's, or tack welder's ability. In the case of (1), the requalification test need be only made in the 3/8" thickness.

**AWS D1.3-2008**

**4.9 Duration of Qualification** - The welder's qualification shall be considered as remaining in effect indefinitely, unless (1) the welder is not engaged in a given process of welding for which the welder is qualified for a period exceeding six months, or (2) there is some specific reason to question a welder's ability.

A welder should keep the records below to qualify for the period of effectiveness, which would then not require them to be retested as long as the process remains the same as their certifications.

Keep the certifications attached to this record to comply with the "Welder's Period of Effectiveness" clause of the AWS codes.

WELDER'S NAME \_\_\_\_\_  
(last 4 digits of SSN) \_\_\_\_\_  
CERTIFYING COMPANY NAME \_\_\_\_\_  
JOB NAME \_\_\_\_\_ JOB \_\_\_\_\_  
LOCATION \_\_\_\_\_  
PROCESS \_\_\_\_\_ SMAW \_\_\_\_\_ FCAW \_\_\_\_\_  
GMAW \_\_\_\_\_ OTHER \_\_\_\_\_  
WITNESS SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

WELDER'S NAME \_\_\_\_\_  
(last 4 digits of SSN) \_\_\_\_\_  
CERTIFYING COMPANY NAME \_\_\_\_\_  
JOB NAME \_\_\_\_\_  
JOB LOCATION \_\_\_\_\_  
PROCESS \_\_\_\_\_ SMAW \_\_\_\_\_ FCAW \_\_\_\_\_  
GMAW \_\_\_\_\_ OTHER \_\_\_\_\_  
WITNESS SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

WELDER'S NAME \_\_\_\_\_  
(last 4 digits of SSN) \_\_\_\_\_  
CERTIFYING COMPANY NAME \_\_\_\_\_  
JOB NAME \_\_\_\_\_ JOB \_\_\_\_\_  
LOCATION \_\_\_\_\_  
PROCESS \_\_\_\_\_ SMAW \_\_\_\_\_ FCAW \_\_\_\_\_  
GMAW \_\_\_\_\_ OTHER \_\_\_\_\_  
WITNESS SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

WELDER'S NAME \_\_\_\_\_  
(last 4 digits of SSN) \_\_\_\_\_  
CERTIFYING COMPANY NAME \_\_\_\_\_  
JOB NAME \_\_\_\_\_  
JOB LOCATION \_\_\_\_\_  
PROCESS \_\_\_\_\_ SMAW \_\_\_\_\_ FCAW \_\_\_\_\_  
GMAW \_\_\_\_\_ OTHER \_\_\_\_\_  
WITNESS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

WELDER'S NAME \_\_\_\_\_  
(last 4 digits of SSN) \_\_\_\_\_  
CERTIFYING COMPANY NAME \_\_\_\_\_  
JOB NAME \_\_\_\_\_ -JOB  
LOCATION \_\_\_\_\_  
PROCESS SMAW \_\_\_\_\_ FCAW \_\_\_\_\_  
GMAW \_\_\_\_\_ OTHER \_\_\_\_\_  
WITNESS SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

WELDER'S NAME \_\_\_\_\_  
(last 4 digits of SSN) \_\_\_\_\_  
CERTIFYING COMPANY NAME \_\_\_\_\_  
JOB NAME \_\_\_\_\_  
JOB LOCATION \_\_\_\_\_  
PROCESS SMAW \_\_\_\_\_ FCAW \_\_\_\_\_  
GMAW \_\_\_\_\_ OTHER \_\_\_\_\_  
WITNESS SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

WELDER'S NAME \_\_\_\_\_  
(last 4 digits of SSN) \_\_\_\_\_  
CERTIFYING COMPANY NAME \_\_\_\_\_  
JOB NAME \_\_\_\_\_ -JOB  
LOCATION \_\_\_\_\_  
PROCESS SMAW \_\_\_\_\_ FCAW \_\_\_\_\_  
GMAW \_\_\_\_\_ OTHER \_\_\_\_\_  
WITNESS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

WELDER'S NAME \_\_\_\_\_  
(last 4 digits of SSN) \_\_\_\_\_  
CERTIFYING COMPANY NAME \_\_\_\_\_  
JOB NAME \_\_\_\_\_  
JOB LOCATION \_\_\_\_\_  
PROCESS SMAW \_\_\_\_\_ FCAW \_\_\_\_\_  
GMAW \_\_\_\_\_ OTHER \_\_\_\_\_  
WITNESS SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

WELDER'S NAME \_\_\_\_\_  
(last 4 digits of SSN) \_\_\_\_\_  
CERTIFYING COMPANY NAME \_\_\_\_\_  
JOB NAME \_\_\_\_\_ JOB  
LOCATION \_\_\_\_\_  
PROCESS SMAW \_\_\_\_\_ FCAW \_\_\_\_\_  
GMAW \_\_\_\_\_ OTHER \_\_\_\_\_  
WITNESS SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

WELDER'S NAME \_\_\_\_\_  
(last 4 digits of SSN) \_\_\_\_\_  
CERTIFYING COMPANY NAME \_\_\_\_\_  
JOB NAME \_\_\_\_\_  
JOB LOCATION \_\_\_\_\_  
PROCESS SMAW \_\_\_\_\_ FCAW \_\_\_\_\_  
GMAW \_\_\_\_\_ OTHER \_\_\_\_\_  
WITNESS SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_