



Division of Materials

Shielded Metal ARC Welders & MIG Welders

Date Received: [][] [][] [][][][]

Date Completed: [][] [][] [][][][]

Project Code: [][][][][][]

Project Number: _____

Date Assigned: [][] [][] [][][][]

Test Date: [][] [][] [][][][]

Welder ID: [][][][][][][]

Last 4 Digits of Welder's SSN: [][][][]

Previously Approved for KY: _____

Welder Name: _____
First M.I. Last

Route or Street: _____

City: _____ State: _____ ZIP Code: [][][][][]

Telephone: [][][] [][][] [][][][]

SHIELDED METAL ARC WELDS

ID NUMBER	POSITION & TYPE (code)	IDENT MARK	ELECTRODE (Class & Diameter)	EXPIRATION DATE	P/F
	Vertical Fillet - 3F			[][][][][][]	
	Overhead Fillet - 4F			[][][][][][]	
	Horizontal Groove - 2G			[][][][][][]	
	Vertical Groove - 3G			[][][][][][]	
	Overhead Groove - 4G			[][][][][][]	

PLATE THICKNESS: _____ INCH THICKNESS RANGE: LIMITED (up to 3/4 inch) UNLIMITED
(variable)

MIG WELDS

ID NUMBER	POSITION & TYPE (code)	IDENT MARK	ELECTRODE (Class & Diameter)	EXPIRATION DATE	P/F
	Vertical Groove - 3G			[][][][][][]	
	Overhead Groove - 4G			[][][][][][]	

PLATE THICKNESS: 1 INCH THICKNESS RANGE: UNLIMITED

Inspector ID: [][][] [][] [][][][]

Inspector Observing Welding: _____ Crew #: _____

Title: _____

School, Approved Lab, or
Responsible Resident Engineer: _____

REMARKS:

COPIES: