



TRI-COUNTIES SHEET METAL APPRENTICESHIP

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TESTING REQUEST FORM

Date _____ Social Sec. # _____

Name _____ Phone _____

CDL # _____ DoB _____

SMART IA# _____ Local # _____

Home Address _____

TESTING INFORMATION

Code _____ Position _____

Base Material: Thickness/Diameter -- Plate/Pipe _____

Material Specifications _____

Welding Process (GTAW, SMAW,..) _____

Filler Material (AWS Classification) _____

Qualification Type : Welder Performance _____ Procedure _____

Additional Information _____

Welding Experience (brief description) _____
