

Welder Maintenance of Certification

(This form is for certification renewal. The current version of this form can be found on our website www.sheetmetalinstitute.org)

Welder's Name: _____ IA (SMART) #: _____

SSN (Last 4): XXX - XX - _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email: _____

Enter exact date each process was used (MM/DD/YYYY):

SMAW _____ FCAW _____ GMAW _____

GTAW _____ SAW _____ Brazing _____

Others (list processes and dates): _____

Employer, or Test Supervisor, verification: We certify that the above-named welder used the processes on the dates indicated.

Company Name: _____ Phone: _____

Validator (Print Name): _____ Title: _____

Signature: _____ Date: _____

Email completed form to: john@sheetmetalinstitute.org

John Tillotson – Coordinator / Welding Supervisor
Sheet Metal Institute
(503) 257-1022 (ext. 330)
(503) 257-1168 (Direct Line)