



WJMG JOB # _____

DATE: _____

WELDER INFORMATION INTAKE SHEET

Please indicate the following information with the completed weld test coupons. Be sure to write down the name of the welder and the last 4 digits of their social security number or employee number on the completed test plate. *Payment is required before certificates will be released.*

| | |
|--|--|
| Company Name: | Address: |
| Contact: | Contact Cell Phone #: |
| Contact Email: | |
| Delivered by: | Delivered by Cell Phone # |
| Responsible for Payment: | |
| Payment Method: <i>(Payment Due at time of Service)</i> | <input type="checkbox"/> Credit/Debit <input type="checkbox"/> AMEX <input type="checkbox"/> Check* PO# _____ <i>(prior WJMG approval required)</i> |

WELDER INFORMATION (MUST BE COMPLETED)

| | |
|-------------------------------------|---|
| First & Last Name of Welder: | Welder Phone #: |
| Last 4 of Welder SSN or Employee #: | Welding Code: |
| Existing WPS Number: | <input type="checkbox"/> Copy of Driver's License or ID <i>(for correct name verification only)</i> |

FOR PRE-WELDED PLATES (dropped off samples)

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|---|--|
| Thickness of Plate or Pipe & Pipe Diameter: | |
| Filler Metal Classification (ex: E6010, E7018, ER705-6, E71T-1etc.): | |
| Diameter of filler metal: | |
| Shielding gas and backing gas: | |
| Position test piece was welded in (ex. flat, horizontal, vertical or overhead): | |
| If the test was welded vertically, write whether it was welded vertical up or down: | |

| | |
|----------------------------|--|
| Who witnessed the welding: | |
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* Please make checks payable to Welding & Joining Management Group, mail to: PO Box 235 Frederick, CO 80530