

## SEND IN WELDER CERTIFICATION TEST DATA

Shaded areas for Earlbeck Use Only

Documentation Competition Date \_\_\_\_\_ Delivery Ticket # \_\_\_\_\_

Send In Rec'd. Date \_\_\_\_\_ Standard Test # \_\_\_\_\_ Part # \_\_\_\_\_ ETL # \_\_\_\_\_

Please fill in the below information for each coupon sent.

**TEST COUPONS MUST BE IDENTIFIED WITH THE WELDERS NAME, ID # & POSITION(S).**

Test results normally require 5 business days. When testing is completed, the Customer POC will be notified of the results. If you have not been contacted within 7 days of sending the coupons, feel free to contact Don Hodges at dhodges@earlbeck.com or 443-579-1123.

<b>MANDATORY INFORMATION</b>	Customer Name		Welder's Name	
	Customer Address		Welder's ID No.	Last four of SSN or Company ID No.
			Payment Method	COD <input type="checkbox"/>
				Bill Account <input type="checkbox"/>
	Customer POC		PO#	_____
	POC Phone #		Customer Given Results	Date

YOUR Welding Procedure Specification # (WPS) the welder followed: \_\_\_\_\_

CODE:  ASME IX  D1.1  D1.6  D17.1  OTHER \_\_\_\_\_

PROCESS:  STICK  TIG  MIG  OTHER \_\_\_\_\_

POSITION(s) \_\_\_\_\_

BASE METAL SPEC. (A36, A106, etc.) \_\_\_\_\_ GRADE (Gr. B, Ty304, etc) \_\_\_\_\_

PLATE THICKNESS \_\_\_\_\_ OR PIPE DIAMETER \_\_\_\_\_ AND SCHEDULE \_\_\_\_\_

FILLER METAL SPEC (A5.1, etc) \_\_\_\_\_ TYPE (E7018, ER70S-6, etc) \_\_\_\_\_ DIAMETER \_\_\_\_\_

SHIELDING GAS \_\_\_\_\_ BACKING GAS \_\_\_\_\_

### FOR EARLBECK INTERNAL USE ONLY

VISUAL INSPECTION: ACCEPT \_\_\_\_\_ REJECT \_\_\_\_\_ INIT \_\_\_\_\_ DATE \_\_\_\_\_

GUIDED BEND TEST RESULTS: INIT \_\_\_\_\_ DATE \_\_\_\_\_

SAMPLE #	TYPE	THICKNESS	BEND DIA	PASS	FAIL

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_