



Welding & Joining Management Group™

FORENSIC EXPERTS • METALS TESTING

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)

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*

FR 4001 – Welder Intake Rev 4

3756 Monarch Street Frederick, Colorado 80516