



RECORD OF CONTINUITY OF
BONDER QUALIFICATION

THE PERFORMANCE QUALIFICATION SHALL REMAIN IN EFFECT INDEFINITELY UNLESS THE BONDER, SOLDERER OR BRAZER DOES NOT PERFORM WITH THE QUALIFIED PROCESS FOR A PERIOD EXCEEDING SIX MONTHS, OR THERE IS SOME SPECIFIC REASON TO QUESTION THE ABILITY OF THE BRAZER, BONDER OR SOLDERER.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BONDER ID# _____ PHONE #: _____

INDICATE LAST DATE PROCESS USED:

BONDING ____/____/____

I CERTIFY THIS INDIVIDUAL HAS SUCCESFULLY USED THE CORRECT PROCESS AND HAS NOT EXCEEDED A PERIOD OF SIX (6) MONTHS.

COMPANY NAME

PRINT NAME OF AUTHORIZED REPRESENTATIVE

TITLE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

COMPANY MUST RETAIN A COPY OF THIS FORM.

INDIVIDUAL MUST RETAIN A COPY OF THIS FORM.

A COPY MUST BE SENT TO SSTA

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EMAIL: marissa.e@no1hurt.org