



United Association of Journeymen and Apprentices
of the Plumbing and Pipe Fitting Industry
of the United States and Canada

UA/MCAA Foreman Recertification Form

First Name

MI Last Name

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UA Card Number

Local No. (Home Local)

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Document your employment throughout your four-year certification period. Start with your most recent position and account for all employment as a Foreman (or related experience.) If necessary make additional copies so that you can give a **detailed and descriptive narrative of your job duties**. As per section 3.4 (b) of the Quality System Manual, list only your Foreman position and hours.

Dates of Employment				Total Man Hours Worked	For each position, list: (a) Name, address and phone number of employer, (b) Title of position, (c) Name and title of your immediate supervisor, and signature, if available and (d) Description of your duties. Be factual and detailed. Lack of sufficient detail will delay recertification.
From Mo.	Yr.	To Mo.	Yr.		

Completion date of the 3-hour update foreman training. Date _____

I certify that all information on this form is correct and complete. Any misrepresentation will result in the removal of certification status. (NOTE: Form will not be accepted without a signature and date.)

Signature _____ Date _____

Total Supervision Hrs. Worked _____