

# AUTOMOTIVE SERVICE TECHNICIAN

## TRADE EXPERIENCE VERIFICATION FORM

Date: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

This is to verify that \_\_\_\_\_ has worked as an **AUTOMOTIVE SERVICE TECHNICIAN** from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_ for a total of \_\_\_\_\_ hours spending the following percentage of the time at the tasks below:

Engine Overhaul	_____ %
Engine Support Systems	_____ %
Fuel Delivery Systems	_____ %
Electrical/Electronic Systems	_____ %
Standard Transmission/Clutch Assemblies	_____ %
Automatic Transmission	_____ %
Transfer Case/Final Drives	_____ %
Suspension/Frames Steering	_____ %
Wheels/Hubs/Tires	_____ %
Brakes	_____ %
Accessories	_____ %
Other (Please specify): _____	_____ %
Total	100 %

Please indicate the type of equipment and the type of work this person was involved with during this time period: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is required, please continue on reverse side.)

\_\_\_\_\_  
Print name of Company Representative

\_\_\_\_\_  
Position of Company Representative

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date