

ELECTRICIAN

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

Postal Code _____
Phone: _____ Fax: _____
Email: _____

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

Wiring and Conduit	_____ %
Services and Distribution	_____ %
Motors and Generators	_____ %
Control Devices	_____ %
Power Conversion & Distributions	_____ %
Communications and Signaling Systems	_____ %
Drawings and Takeoffs	_____ %
Heating and Cooling Systems	_____ %
Fire Alarms	_____ %
Lighting	_____ %
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