

INDUSTRIAL INSTRUMENT MECHANIC

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____
_____ Postal Code _____
Phone: _____ Fax: _____
E-mail: _____

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

Pneumatic Tubing Installations	_____ %
Low Voltage Electric Wiring	_____ %
Temperature Sensors and Indicators	_____ %
Flow Measuring and Indicating Systems	_____ %
Pneumatic / Electronic Transmitters	_____ %
Pneumatic / Electronic Convertors	_____ %
Data Acquisition and Display	_____ %
Alarm Systems	_____ %
Valve Positioners and Actuators	_____ %
"Tunes" Loop Control Systems	_____ %
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