

# INDUSTRIAL MECHANIC

## TRADE EXPERIENCE VERIFICATION FORM

Date: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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

Blueprint Reading / Layout	_____ %
Foundation, Location & Leveling	_____ %
Gas and Arc Welding / Cutting	_____ %
Hydraulics	_____ %
Machining	_____ %
Conveyor Mechanisms	_____ %
Pneumatic / Vacuum / Air / Steam Systems	_____ %
Power Drives / Clutches	_____ %
Pumps	_____ %
Rigging & Hoisting	_____ %
Couplings/ Bearings / Seals & Shaft Alignments	_____ %
Ventilation / Dust Collection	_____ %
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