

# MOTOR VEHICLE BODY REPAIRER (Metal and Paint)

## TRADE EXPERIENCE VERIFICATION FORM

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

This is to verify that \_\_\_\_\_ has worked as a  
**MOTOR VEHICLE BODY REPAIRER (Metal and Paint)** from (month/year) \_\_\_\_\_  
to (month/year) \_\_\_\_\_ for a total of \_\_\_\_\_ hours spending the following  
percentage of the time at the tasks below:

Analysis and Estimate	_____ %
Body Panel Replacement and Repair	_____ %
Fenders/Door Fitting	_____ %
Auto Body Hardware	_____ %
Upholstery, Lining, Trim and Seats	_____ %
Fibreglass	_____ %
Unibody, Frames and Suspension	_____ %
Shop Tool Maintenance	_____ %
Painting and Preparation	_____ %
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