

POWER SYSTEM ELECTRICIAN

TRADE EXPERIENCE VERIFICATION FORM

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

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

Batteries / Inverters / Chargers	_____ %
Computers	_____ %
DC Controls	_____ %
Electronics	_____ %
Grounding and Isolation	_____ %
High Voltage Motors & Generators (above 750 volts)	_____ %
Low Voltage Motors & Generators (31-750 volts inc.)	_____ %
Metering	_____ %
Power Line Carrier	_____ %
Protection & Relaying Devices	_____ %
Radio Control	_____ %
Schematic and Single Line Diagrams	_____ %
Splicing / Terminating	_____ %
Switching Equipment	_____ %
Transmission / Voltage Regulation	_____ %
Transformers	_____ %
Utility Safety Regulation	_____ %
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