

RECREATION VEHICLE SERVICE TECHNICIAN

TRADE EXPERIENCE VERIFICATION FORM

Date: _____

Employer: _____

Address: _____

_____ Postal Code _____

Phone: _____ Fax: _____

E-mail: _____

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

Body Construction Repair	_____ %
Cabinet / Furniture Repair	_____ %
Propane Piping	_____ %
Propane Appliance Repair	_____ %
Auxiliary Lighting Plants / Power Convertors	_____ %
Water and Drainage Systems	_____ %
Electrical / Accessories (12V + 110V)	_____ %
Undercarriage /Trailer Hitches	_____ %
Oxy-Acetylene Cutting	_____ %
Estimating	_____ %
Winterizing	_____ %
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