

# SPRINKLER SYSTEM INSTALLER

## TRADE EXPERIENCE VERIFICATION FORM

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

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

Dry Pipe Systems Installations	_____ %
Wet Pipe Systems Installations	_____ %
Non-water Based Systems	_____ %
Sprinkler System Maintenance	_____ %
Sprinkler Alarm and Control Systems	_____ %
Blueprint Reading and Layout	_____ %
Fire Hydrant and Standpipes	_____ %
Oxy-acetylene Cutting and Welding	_____ %
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