

STEAMFITTER-PIPEFITTER

TRADE EXPERIENCE VERIFICATION FORM

Date: _____

Employer: _____

Address: _____

_____ Postal Code _____

Phone: _____ Fax: _____

E-mail: _____

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

Metal Pipe Fitting and Installation	_____ %
Welding	_____ %
Low Temperature Heating	_____ %
Steam Fitting and Heating	_____ %
Cooling and Water Conditioning	_____ %
Refrigeration and Conditioning	_____ %
Pneumatics and controls	_____ %
Specialty Piping	_____ %
Gasfitting under 400,000 Btu	_____ %
Gasfitting over 400,000 Btu	_____ %
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