	Ca	rpenter	
		CE VERIFICATION FORM	
Date:			
Employer:			
Address:			
		Postal Code	
Phone:		Fax:	
E-mail:			
This is to verify that _		has worked as a Carpenter	
from (month/year)		to (month/year)	
for a total of	hours, spendi	ng the following percentage of the time at the tasks	
below:			
Site Preparation a Concrete Forms a Framing Floors a Truss Roof Syste Rafter Roof Syste Exterior Finishing Interior Covering Stair Building Heavy Timber Co Other (Please spo	and Placement nd Walls ms and Sheathing ems and Finishing instruction	% % % % % % Total 100 %	
		the type of work this person was involved with	
(If more space is required	, please add an additional s	sheet.)	
Print name of Compa	ny Representative	Position of Company Representative	
		Date	
Signature of Compar	ly Representative	Dale	

 $G: \label{eq:constraint} G: \label{eq:constraint} G: \label{eq:constraint} AdvEd \la$