		CE VERIFICATION FORM	
Date:			
Employe			
Address:			
	Postal Code		
Phone:		Fax:	
Emaii:			
his is to verify	that		has worked a
Community A	Antenna Television Techn	ician from (month/year)	to
nonth/year)	for a total of	hours spending the	e following
	ne time at the tasks below:		Ŭ
Ŭ	ograde Broadband Systems	x	%
	Broadband System Plans	· · · · · · · · · · · · · · · · · · ·	%
	tion of Broadband Systems		
	ance of Broadband Systems		%
	roadband Systems		%
	nmunications (test and mea	asure)	%
	l and Benchwork		%
Custome	r Equipment (perform admi	nistrative functions)	%
Custome	r Service		%
Other (PI	ease specify):		
		%	
		100 %	
Total			
lease indicate		the type of work this person was	involved with
lease indicate uring this time		the type of work this person was	involved with
lease indicate uring this time	period:	the type of work this person was	
lease indicate uring this time f more space is re rint name of C	period:	the type of work this person was	
Please indicate luring this time f more space is re Print name of C	period:	the type of work this person was rse side.) Position of Company Repre	