

COMMUNITY ANTENNA TELEVISION TECHNICIAN

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

Postal Code _____
Phone: _____ Fax: _____
Email: _____

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

Install/Upgrade Broadband Systems	_____ %
Analyze Broadband System Plans	_____ %
Construction of Broadband Systems	_____ %
Maintenance of Broadband Systems	_____ %
Repair Broadband Systems	_____ %
Data Communications (test and measure)	_____ %
Headend and Benchwork	_____ %
Customer Equipment (perform administrative functions)	_____ %
Customer Service	_____ %

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