

# GASFITTER

## TRADE EXPERIENCE VERIFICATION FORM

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

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

Installing Wiring and Controls	_____ %
Installing Gas Units/Appliances	_____ %
Making / Installing Threaded Pipe	_____ %
Making / Installing Welded Pipe	_____ %
Making / Installing Tubing & Hoses	_____ %
Repairing / Maintaining Existing Units / Appliances	_____ %
Filling / Transporting Tanks & Bottles	_____ %
Installing Tanks	_____ %

Total 100 %

Percentage of overall time above spent on:

Boilers & Heating Units	_____ %
Stoves/Fridges & such appliances	_____ %

Percentage of overall time above spent on:

Natural Gas	_____ %
LP Gas	_____ %

Percentage of overall time above spent on:

Equipment under 400,000 Btu	_____ %
Equipment over 400,000 Btu	_____ %

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