GLAZIER				
TRADE EXPERIENCE VERIFICATION FORM				
Date:				
Employer:				
Address:				
	Postal Code			
Phone:	Fax:			
This is to verify	that			has worked as a
GLASSWORKER	from (month/year)			to (month/year)
	for a total of	hours,	spending the	following percentage
of the time at the ta	sks below:			
Resid. / Cor Curtain Wal Auto Glass Mirror and M Alum. Store Self Suppor Fabricate Al Structural G Manual / Au Other (Pleas	Airror Wall Installation front Window Fab. / Installa ting Slope Glazed & Skyline uminum Framing lass Installation tomatic Glass Cutting se specify):	e Installations Total the type of work th	-	
during this time	period:			
(If more space is re	equired, please continue on revers	se side.)		<u> </u>
Print name of C	Position of C	ompany Repr	esentative	
Signature of Company Representative		Date		
Signature of Em	nployee	Date		
G:\AdvEd\Apprenticeship\F	Forms\TradeExp.Verif.			