

ROOFER

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____
_____ Postal Code _____
Phone: _____ Fax: _____
E-mail: _____

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

Built-up Roofing Hot / Cold	_____ %
Roll Roofing	_____ %
Flashings and Accessories	_____ %
Damp and Waterproofing	_____ %
Blueprint Reading and Estimating	_____ %
Steep Roofs Shingled / Shaked / Tiled	_____ %
Sheet Metal Work	_____ %
Roof Decking	_____ %
Roof Drainage	_____ %
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