	SAWFITT	ER/SAWFILE	R
5 .	TRADE EXPERIENCE	CE VERIFICATI	ON FORM
Date: Employe			
Address			
Phone:	Postal Code	Fav:	
Email:		ι αλ.	
_			
This is to verify	<i>r</i> that		has worked
a SAWFITTER	X/SAWFILER from (month/y	ear)	to (month/year)
	for a total of	hours sper	nding the following percentage
the time at the	tasks below:		
Д	Align and Maintain Band Sav	v Mills	%
	dign and Maintain Circular S	aws	<u></u> %
	it Band Saws		%
	it Circular Saws		%
	Maintain Saw Filing Tools		%
	Maintain Chain Saw Chains		% %
	Veld Band Saws		%
	Veld Circular Saws		%
	roubleshoot Basic Hydraulic	Systems	%
C	Other (Please specify):		%
_			
Т	otal		100 %
Please indicate during this time			this person was involved wit
(If more space is	required, please continue on reve	rse side.)	
Print name of 0	Company Representative	Position of	Company Representative
Signature of Co	ompany Representative	Date	
Signature of En	•	Date	
G:\AdvEd\Apprentices	ship\Forms\TradeExp.Verif.		