

WELDER

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

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

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

Gas Cutting	_____ %
Gas Welding/Braze Welding	_____ %
Shielded Metal Arc Welding	_____ %
Flux Core Arc Welding	_____ %
Gas Tungsten Arc Welding	_____ %
Gas Metal Arc Welding	_____ %
Carbon Air Arcing	_____ %
Blueprint Reading/A.S.M.E. Codes	_____ %
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