

RECREATION VEHICLE SERVICE TECHNICIAN

TRADE EXPERIENCE VERIFICATION FORM

Date: _____

Employer: _____

Address: _____

_____ Postal Code _____

Phone: _____ Fax: _____

E-mail: _____

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

Body Construction Repair	_____%
Cabinet / Furniture Repair	_____%
Propane Piping	_____%
Propane Appliance Repair	_____%
Auxiliary Lighting Plants / Power Convertors	_____%
Water and Drainage Systems	_____%
Electrical / Accessories (12V + 110V)	_____%
Undercarriage /Trailer Hitches	_____%
Oxy-Acetylene Cutting	_____%
Estimating	_____%
Winterizing	_____%
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