

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

NOTE: Trades Qualifier Applicants must complete both written and practical Welder examinations in order to receive a Certificate of Qualification in this trade.