

AUTOMOTIVE PAINTER

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

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

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

Analysis and Estimating	_____ %
Auto Body Hardware and Trim	_____ %
Upholstery, Lining and Seats	_____ %
Fiberglassing	_____ %
Surface Preparation	_____ %
Mixing and Matching Top Coat(s)	_____ %
Applying Spray Coatings	_____ %
Detailing, Buffing and Polishing	_____ %
Shop Tool Maintenance	_____ %
Welding and Cutting	_____ %
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