

COMMUNICATION ELECTRICIAN

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

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

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

VF Transmission	_____ %
Multiplexing	_____ %
Microwave Devices and Transmission	_____ %
Maintain VHF / VF Base Stations	_____ %
Maintain Mobile Units	_____ %
Main D.C. Power Plants	_____ %
Monitor/Maintain Supervisory Equipment	_____ %
PABX & Key Equipment Inst. and Repair	_____ %
Data Transmission	_____ %
Satellite Communications	_____ %
Switching	_____ %
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