

GLAZIER

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____
_____ Postal Code _____
Phone: _____ Fax: _____
E-mail: _____

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

Glass Fabrication Edgework	_____ %
Resid. / Comm. : Aluminum Sash	_____ %
Curtain Wall Frame Installation	_____ %
Auto Glass Installation	_____ %
Mirror and Mirror Wall Installation	_____ %
Alum. Storefront Window Fab. / Installation	_____ %
Self Supporting Slope Glazed & Skyline Installations	_____ %
Fabricate Aluminum Framing	_____ %
Structural Glass Installation	_____ %
Manual / Automatic Glass 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