

HEAVY DUTY EQUIPMENT TECHNICIAN (OFF ROAD)

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

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

This is to verify that _____ has worked as a **HEAVY DUTY EQUIPMENT TECHNICIAN (OFF ROAD)** from (month/year) _____ to (month/year) _____ for a total of _____ hours spending the following percentage of the time at the tasks below:

Frames, Suspension & Steering	_____ %
Engine Overhaul	_____ %
Engine Support Systems	_____ %
Hydraulics	_____ %
Power Transmissions & Drives	_____ %
Brakes	_____ %
Fuel Systems	_____ %
Electrical Systems	_____ %
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