

INDUSTRIAL MECHANIC

TRADE EXPERIENCE VERIFICATION FORM

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

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

| | |
|--|---------|
| Blueprint Reading / Layout | _____ % |
| Foundation, Location & Leveling | _____ % |
| Gas and Arc Welding / Cutting | _____ % |
| Hydraulics | _____ % |
| Machining | _____ % |
| Conveyor Mechanisms | _____ % |
| Pneumatic / Vacuum / Air / Steam Systems | _____ % |
| Power Drives / Clutches | _____ % |
| Pumps | _____ % |
| Rigging & Hoisting | _____ % |
| Couplings/ Bearings / Seals & Shaft Alignments | _____ % |
| Ventilation / Dust Collection | _____ % |
| 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