

# INSULATOR (HEAT & FROST)

## TRADE EXPERIENCE VERIFICATION FORM

Date: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

This is to verify that \_\_\_\_\_ has worked as a  
**INSULATOR (HEAT & FROST)** from (month/year) \_\_\_\_\_ to  
(month/year) \_\_\_\_\_ for a total of \_\_\_\_\_ hours, spending the  
following percentage of the time at the tasks below:

Asbestos Abatement (removal)	_____ %
Surface Preparation and Finishes	_____ %
Insulating Piping and Ducts	_____ %
Insulating Underground Systems	_____ %
Residential Insulation	_____ %
Using Heat Loss Detection Equipment	_____ %
Blueprint Reading	_____ %
Pattern Development (shop work)	_____ %
Estimate Insulation Projects	_____ %
Insulating Tanks and Vessels	_____ %
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