

MOTOR VEHICLE BODY REPAIRER

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

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

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

Analysis and Estimate	_____ %
Body Panel Replacement and Repair	_____ %
Fenders/Door Fitting	_____ %
Auto Body Hardware	_____ %
Upholstery, Lining, Trim and Seats	_____ %
Fibreglass	_____ %
Unibody, Frames and Suspension	_____ %
Shop Tool Maintenance	_____ %
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