

OIL BURNER MECHANIC

TRADE EXPERIENCE VERIFICATION FORM

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

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

Tank Installation	_____ %
Pipe Work / Copper Tubing	_____ %
Fuel Pumps and Oil Filters	_____ %
Chimneys and Drafts	_____ %
Combustion Chambers	_____ %
Nozzles	_____ %
Combustion Aid Fans / Couplings	_____ %
Electrical Systems and Controls	_____ %
Blueprints / Codes	_____ %
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