

PAINTER DECORATOR

TRADE EXPERIENCE VERIFICATION FORM

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

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

Interior Paints and Finishes	_____ %
Exterior Paints and Finishes	_____ %
Wall Coverings	_____ %
Special Textured Finishes	_____ %
Super Graphics	_____ %
Sand Blasting	_____ %
Concrete and Masonry	_____ %
Industrial Painting / Corrosion Control	_____ %
Other (Please specify):	_____ %
_____	_____ %
_____	_____ %

Total 100 %

Spray Painting	_____ %
Brush & Roller	_____ %
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