

PLUMBER

TRADE EXPERIENCE VERIFICATION FORM

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

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

Supply Water Fittings	_____ %
Drainage Fitting	_____ %
Hot Water Heating Systems	_____ %
Pump and Fixture Maintenance	_____ %
Air Supply Systems	_____ %
Sprinkler Fitting	_____ %
Gasfitting under 400,000 Btu	_____ %
Gasfitting over 400,000 Btu	_____ %
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