

# REFRIGERATION MECHANIC

## TRADE EXPERIENCE VERIFICATION FORM

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

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

Heating Units	_____ %
Cooling Units	_____ %
Welding Oxy-Acetylene & Brazing	_____ %
General Piping	_____ %
Mechanical Control Devices	_____ %
Electrical Control Circuits	_____ %
Compressors	_____ %
Air Distribution Systems	_____ %
Pneumatics	_____ %
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