

# RECREATION VEHICLE SERVICE TECHNICIAN

## TRADE EXPERIENCE VERIFICATION FORM

Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Body Construction Repair	_____ %
Cabinet / Furniture Repair	_____ %
Propane Piping	_____ %
Propane Appliance Repair	_____ %
Auxiliary Lighting Plants / Power Convertors	_____ %
Water and Drainage Systems	_____ %
Electrical / Accessories (12V + 110V)	_____ %
Undercarriage /Trailer Hitches	_____ %
Oxy-Acetylene Cutting	_____ %
Estimating	_____ %
Winterizing	_____ %
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