

Sheet Metal Worker

TRADE EXPERIENCE VERIFICATION FORM

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

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

Design, Fabricate Ductwork	_____ %
Assemble, Install Ductwork	_____ %
Install and Balance Systems	_____ %
Welding, Soldering	_____ %
Stainless Steel Work	_____ %
Aluminum Work	_____ %
Roof Work – Capping, Cladding, Flashing, Gutter	_____ %
Insulating Ductwork	_____ %
General Sheet Metal Work	_____ %
Plastics Work	_____ %
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 add an additional sheet.)

Print name of Company Representative

Position of Company Representative

Signature of Company Representative

Date

Signature of Employee

Date