

TRANSPORT TRAILER TECHNICIAN

TRADE EXPERIENCE VERIFICATION FORM

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

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

Frames, Suspension & Steering	_____ %
Coupling Units & Landing Gear	_____ %
Engine Support Systems	_____ %
Accessory Hydraulic Systems	_____ %
Brake Systems – air / hydraulic	_____ %
Fuel Systems	_____ %
Electrical Systems	_____ %
Air Conditioning, Refrigeration & Heating Systems	_____ %
Trailer Body Repair	_____ %
Axles, Tires, Hubs and Rims	_____ %
Welding, Cutting and Heating	_____ %
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