

# TRUCK AND TRANSPORT TECHNICIAN

## TRADE EXPERIENCE VERIFICATION FORM

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

This is to verify that \_\_\_\_\_ has worked as a **TRUCK AND TRANSPORT 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 and Steering	_____ %
Engine Overhaul – Diesel	_____ %
Engine Overhaul - Gasoline	_____ %
Engine Support Systems	_____ %
Accessory Hydraulic Systems	_____ %
Brake Systems – air / hydraulic	_____ %
Fuel Systems	_____ %
Electrical Systems	_____ %
Air Conditioning, Refrigeration & Heating Systems	_____ %
Pneumatic (air) Systems	_____ %
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