WELDER
TRADE EXPERIENCE VERIFICATION FORM

Date: ____________________________________________
Employer: ____________________________________________
Address: ____________________________________________
Postal Code: ____________________________________________
Phone: ____________________________________________ Fax: ____________________________________________
Email: ____________________________________________

This is to verify that ____________________________________________ has worked as a WELDER from (month/year) _________________ to (month/year) _________________ for a total of ___________ hours spending the following percentage of the time at the tasks below:

- Gas Cutting: ________%
- Gas Welding/Braze Welding: ________%
- Shielded Metal Arc Welding: ________%
- Flux Core Arc Welding: ________%
- Gas Tungsten Arc Welding: ________%
- Gas Metal Arc Welding: ________%
- Carbon Air Arcing: ________%
- Blueprint Reading/A.S.M.E. Codes: ________%
- 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: ____________________________

NOTE: Trades Qualifier Applicants must complete both written and practical Welder examinations in order to receive a Certificate of Qualification in this trade.

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