



# TRADE EXPERIENCE VERIFICATION PARTSPERSON

Date YYYY/MM/DD	Employer		
Address		City	Territory/Province
Postal code			
Phone	Fax	Email	

This is to verify that \_\_\_\_\_ has worked as  
PRINT NAME  
 a **Partsperson** from \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ for a total of  
MONTH DAY YEAR MONTH DAY YEAR  
 \_\_\_\_\_ hours spending the following percentage of the time at the tasks below:

- |  |         |                     |         |
|--|---------|---------------------|---------|
| Receiving/Shipping                                 | _____ % | Sales merchandising | _____ % |
| Stock organization/Inventory control               | _____ % | Other (specify)     |         |
| Identification of parts/Assemblies automotive      | _____ % | _____               | _____ % |
| Catalogue/Microfiche/Computer application          | _____ % | _____               | _____ % |
| Parts pickup/Delivery                              | _____ % |                     |         |
| Identification of parts/Assemblies heavy equipment | _____ % |                     |         |
| <b>Total (should equal 100%):</b>                  |         |                     | _____ % |

Indicate the type of equipment and the type of work this person was involved with during this time period:

---



---



---



---

(If more space is required, continue on the reverse side.)

\_\_\_\_\_  
 PRINT NAME OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
 POSITION OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
 SIGNATURE OF COMPANY REPRESENTATIVE

YYYY/MM/DD  
 \_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF EMPLOYEE

YYYY/MM/DD  
 \_\_\_\_\_  
 DATE

We are collecting this personal information to verify and determine the applicant's trade experience towards their apprenticeship agreement in accordance with the *Apprentice Training Act* and the *Apprentice Training and Tradesperson's Qualifications Regulation*. This personal information is being collected under the authority of the *Access to Information and Protection of Privacy Act* s.15(a) and (c)(i). If you have any questions, please call 867-667-5298, or toll-free within Yukon 1-800-661-0408 ext. 5298, or email [apprenticeship@yukon.ca](mailto:apprenticeship@yukon.ca).