



TRADE EXPERIENCE VERIFICATION POWER SYSTEM ELECTRICIAN

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 **Power System Electrician** from _____ to _____ for
MONTH DAY YEAR MONTH DAY YEAR
 a total of _____ hours spending the following percentage of the time at the tasks below:

Batteries/Inverters/Chargers	_____ %	Computers	_____ %
DC controls	_____ %	Electronics	_____ %
High voltage motors and generators (above 750 volts)	_____ %	Low voltage motors and generators (31-750 volts inc.)	_____ %
Grounding and isolation	_____ %	Metering	_____ %
Power line carrier	_____ %	Protection and relaying devices	_____ %
Radio control	_____ %	Schematic and single line diagrams	_____ %
Splicing/Terminating	_____ %	Switching equipment	_____ %
Transmission/Voltage regulation	_____ %	Other (specify)	_____ %
Transformers	_____ %	_____	_____ %
Utility safety regulation	_____ %	_____	_____ %
Total (should equal 100%):			_____ %

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	_____ DATE YYYY/MM/DD
_____ SIGNATURE OF EMPLOYEE	_____ DATE YYYY/MM/DD

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.