



TRADE EXPERIENCE VERIFICATION WELDER

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 **Welder** from _____, _____, _____ to _____, _____, _____ for a total of
MONTH DAY YEAR MONTH DAY YEAR

_____ hours spending the following percentage of the time at the tasks below:

Gas cutting	_____ %	Gas metal arc welding	_____ %
Gas welding/braze welding	_____ %	Carbon air arcing	_____ %
Shielded metal arc welding	_____ %	Blueprint reading/A.S.M.E. codes	_____ %
Flux core arc welding	_____ %	Other (specify)	
Gas tungsten arc welding	_____ %	_____	_____ %
			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

 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.