



TRADE EXPERIENCE VERIFICATION ELECTRIC MOTOR SYSTEM TECHNICIAN

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 **Electric Motor System Technician** from _____, _____ to _____,
MONTH DAY YEAR MONTH DAY

_____ for a total of _____ hours spending the following percentage of the time at the tasks below:
YEAR

- | | | | |
|---|---------|------------------|------------------------------------|
| Faulting finding/Repair-motors single phase | _____ % | Lathe operation | _____ % |
| Faulting finding/Repair-motors three phase | _____ % | Shaft rebuilding | _____ % |
| Faulting finding/Repair-control systems | _____ % | Other (specify) | |
| Stripping | _____ % | _____ | _____ % |
| Rewinding | _____ % | _____ | _____ % |
| Bearing Replacement | _____ % | | |
| | | | 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.