



# TRADE EXPERIENCE VERIFICATION FLOORCOVERING INSTALLER

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 **Floorcovering Installer** from \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ for a  
MONTH DAY YEAR MONTH DAY YEAR  
 total of \_\_\_\_\_ hours spending the following percentage of the time at the tasks below:

- |                                 |         |                               |                                    |
|---------------------------------|---------|-------------------------------|------------------------------------|
| Job planning and scheduling     | _____ % | Tile installation             | _____ %                            |
| Subfloor preparation            | _____ % | Hardwood flooring refinishing | _____ %                            |
| Carpet installation             | _____ % | Service work                  | _____ %                            |
| Resilient flooring installation | _____ % | Other (specify)               |                                    |
| Laminate flooring installation  | _____ % | _____                         | _____ %                            |
| Hardwood flooring installation  | _____ % |                               |                                    |
|                                 |         |                               | Total (should equal 100%): _____ % |

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

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(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).