



# TRADE EXPERIENCE VERIFICATION HEAVY DUTY EQUIPMENT 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 **Heavy Duty Equipment 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

Frames, Suspension & Steering	_____ %	Brakes	_____ %
Engine Overhaul	_____ %	Fuel Systems	_____ %
Engine Support Systems	_____ %	Electrical Systems	_____ %
Hydraulics	_____ %	Other (specify)	
Power Transmissions & Drives	_____ %	_____	_____ %
			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).