



TRADE EXPERIENCE VERIFICATION MOTOR VEHICLE BODY REPAIRER

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 **Motor Vehicle Body Repairer** from _____, _____ to _____, _____
MONTH DAY YEAR MONTH DAY YEAR

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

Analysis and estimate	_____ %	Fibreglass	_____ %
Body panel replacement and repair	_____ %	Unibody, frames and suspension	_____ %
Fenders/Door fitting	_____ %	Shop tool maintenance	_____ %
Auto body hardware	_____ %	Other (specify)	
Upholstery, lining, trim and seats	_____ %	_____	_____ %
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.