



TRADE EXPERIENCE VERIFICATION SAWFITTER/SAWFILER

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 **Sawfitter/Sawfiler** from _____, _____, _____ to _____, _____, _____ for a total of
MONTH DAY YEAR MONTH DAY YEAR
 _____ hours spending the following percentage of the time at the tasks below:

- | | | | |
|-----------------------------------|---------|--------------------------------------|------------------------------------|
| Align and maintain band saw mills | _____ % | Weld band saws | _____ % |
| Align and maintain circular saws | _____ % | Weld circular saws | _____ % |
| Fit band saws | _____ % | Troubleshoot basic hydraulic systems | _____ % |
| Fit circular saws | _____ % | Other (specify) | |
| Maintain saw filing tools | _____ % | _____ | _____ % |
| Maintain chain saw chains | _____ % | | |
| | | | 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.