



TRADE EXPERIENCE VERIFICATION SHEET METAL WORKER

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 **Sheet Metal Worker** from _____, _____, _____ to _____, _____, _____ for a total
MONTH DAY YEAR MONTH DAY YEAR
 of _____ hours spending the following percentage of the time at the tasks below:

Design, fabricate ductwork	_____ %	Insulating ductwork	_____ %
Assemble, install ductwork	_____ %	General sheet metal work	_____ %
Install and balance systems	_____ %	Plastics work	_____ %
Welding, soldering	_____ %	Other (specify)	
Stainless steel work	_____ %	_____	_____ %
Aluminum work	_____ %	_____	_____ %
Roof work – capping, cladding, flashing, gutter	_____ %		
			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	_____ DATE YYYY/MM/DD
_____ SIGNATURE OF EMPLOYEE	_____ DATE YYYY/MM/DD

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.