



# TRADE EXPERIENCE VERIFICATION SPRINKLER SYSTEM 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 **Sprinkler System Installer** from \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ for  
MONTH DAY YEAR MONTH DAY YEAR  
 a total of \_\_\_\_\_ hours spending the following percentage of the time at the tasks below:

- |                                     |         |                                   |                                    |
|-------------------------------------|---------|-----------------------------------|------------------------------------|
| Dry pipe systems installations      | _____ % | Fire hydrant and standpipes       | _____ %                            |
| Wet pipe systems installations      | _____ % | Oxy-acetylene cutting and welding | _____ %                            |
| Non-water based systems             | _____ % | Other (specify)                   | _____ %                            |
| Sprinkler system maintenance        | _____ % | _____                             | _____ %                            |
| Sprinkler alarm and control systems | _____ % | _____                             | _____ %                            |
| Blueprint reading and layout        | _____ % |                                   |                                    |
|                                     |         |                                   | 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).