



# TRADE EXPERIENCE VERIFICATION STEAMFITTER-PIPEFITTER

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 **Steamfitter – Pipefitter** from \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

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

Metal pipe fitting and installation	_____ %	Specialty piping	_____ %
Welding	_____ %	Gasfitting under 400,000 Btu	_____ %
Low temperature heating	_____ %	Gasfitting over 400,000 Btu	_____ %
Steam fitting and heating	_____ %	Other (specify):	
Cooling and water conditioning	_____ %	_____	_____ %
Refrigeration and conditioning	_____ %	_____	_____ %
Pneumatics and controls	_____ %		
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](mailto:apprenticeship@yukon.ca).