



TRADE EXPERIENCE VERIFICATION TRANSPORT TRAILER TECHNICIAN

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 **Transport Trailer Technician** from _____, _____, _____ to _____, _____, _____
MONTH DAY YEAR MONTH DAY YEAR

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

Frames, suspension and steering	_____ %	Trailer body repair	_____ %
Coupling units and landing gear	_____ %	Axles, tires, hubs and rims	_____ %
Engine support systems	_____ %	Welding, cutting and heating	_____ %
Accessory hydraulic systems	_____ %	Other (specify):	
Brake systems – air/hydraulic	_____ %	_____	_____ %
Fuel systems	_____ %	_____	_____ %
Electrical systems	_____ %		
Air conditioning, refrigeration and heating systems	_____ %		
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.