

## **“TEST VERIFICATION FORM”**

To be given to **Unemployed Welders** successfully completing any one of MCAO’s Standard Provincial Welding Procedures for reimbursement, provided it is the procedure specified by the Zone.

The undersigned hereby verifies that: \_\_\_\_\_  
(Name of Welder)

Has successfully completed a qualification test on the zone-specified MCA Ontario Standard Provincial Welding Procedure:

Welding Procedure: \_\_\_\_\_

This test was completed while unemployed, and in accordance with Article 21.4(c) of the MCAO/OPTC ICI Provincial Collective Agreement, the welder named above is eligible to receive \$200.00 in pay (related to this test) from the first Employer to employ him/her.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(UA Local Business Manager/Agent)

- The employee is to **present this original/signed form to the first Employer to hire him/her.**
- A copy of this form is to be kept on record by the Testing Facility.