



Saskatchewan
Apprenticeship and
Trade Certification
Commission

2140 Hamilton Street
REGINA SK S4P 3V7
Fax (306) 787-5105
ATCAssessment@gov.sk.ca

Form 6A Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson _____ PSE# _____

Current Address _____ City _____ Postal Code _____ Phone Number _____

Employer (Firm Name) _____ Name and Certificate Number of Supervising Journeyperson _____

Address of Employer _____ City _____ Postal Code _____ Phone Number _____

Pork Production Technician - Facilities		Trade Time Exposure In Hours
Period of Employment	_____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)		
Manure and waste handling		
Control of health and safety in animal population		
Facility repair		
Facility management		
Total Hours		

I Certify The Above Hours Are Accurate _____
Date (DD/MM/YY) _____ Apprentice/Tradesperson (signature) _____

I Certify The Above Hours Are Accurate _____
Date (DD/MM/YY) _____ Employer Representative (signature) _____

Employer Representative (print name clearly)

For Commission Use Only		
Time Assessed: _____	Approved By: _____	Date: _____ (DD/MM/YY)