

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

<b>Agricultural Equipment Technician</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Common Occupational Skills:</b> Performs safety-related functions; performs common work practices and procedures; uses and maintains tools and equipment.	
<b>Engines and Engine Support Systems:</b> Diagnoses engine and engine support systems; repairs engine and engine support systems.	
<b>Drive Train:</b> Diagnoses drive train; repairs drive train.	
<b>Hydraulic, Hydrostatic and Pneumatic Systems:</b> Diagnoses hydraulic, hydrostatic, and pneumatic systems; repairs hydraulic, hydrostatic, and pneumatic systems.	
<b>Electrical and Electronic Systems:</b> Diagnoses electrical/electronic power and control monitoring systems; repairs electrical/electronic power and control monitoring systems.	
<b>Steering, Suspension and Brakes:</b> Diagnoses steering and braking systems; repairs steering and braking systems; diagnoses and repairs suspension components.	
<b>Structural Components and Operator Station:</b> Diagnoses structural components; repairs structural components; diagnoses and repairs climate control systems.	
<b>Agricultural Equipment:</b> Prepares agricultural equipment; diagnoses land preparation, tillage and seeding/planting implements; repairs land preparation, tillage and seeding/planting implements; diagnoses and repairs harvesting, hay and forage equipment; diagnoses and repairs application and irrigation equipment.	
<b>Total Hours</b>	

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)

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