

2140 Hamilton Street REGINA SK S4P 2E3 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	- <u>- </u>	Phone Number	
Current Address	City	Postal Code	Phone Number	
Employer (Firm Name) Name and Certificate Number of Supervisin		pervising Journeyperson		
Address of Employer	City	Postal Code	Phone Number	
Carpenter			Trade Time	
Period of Employment (DD/MM	to(DD	D/MM/YY)	Exposure In Hours	
Type of Work (please print)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Common Occupational Skills: uses tools and equipment, performing safety related activities, using building material				
scaffolding and other temporary access equipment				
Planning and Layout: interpreting documentation, organizing work, performing layout				
Concrete: construction of formwork; installation of concrete, cement-based and epoxy products				
Framing: construction of floor, deck, wall, roof, and ceiling systems				
convention or engineered wood framing systems				
• metal framing systems (steel stud, demountable partitions, etc.)				
Exterior Finish: installation of exterior doors and windows; installation of roofing; installation of exterior finishes				
Interior Finish: application of wall and ceiling finishes; installation of flooring, installation of interior doors and windows; construction and installation of finish components and stairs				
Renovations: performing renovation-specific support and construction activities				
Other (specify):				
		Total Ho	ours	
I Certify The Above Hours Are Accurate				
- 1 county the recoverious Are recuiate	Date (DD/MM/YY)	Apprentice/Tradesperson	Apprentice/Tradesperson (signature)	
I Certify The Above Hours Are Accurate	Date (DD/MM/YY)	Employer Representative	Employer Representative (signature)	
		Employer Representative	(print name clearly)	
E C W O l		1 7 1		
For Commission Use Only Time Assessed:	Approved By:	Date: _	(DD/MM/YY)	