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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 _____

Heavy Duty Equipment Technician	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Common Occupational Skills: uses and maintains tools and equipment, performs general maintenance and inspections, organizes work, and performs routine trade activities	
Engines and Engine Support Systems: diagnoses engines and engine support systems, repairs engines and engine support systems	
Hydraulic, Hydrostatic and Pneumatic Systems: diagnoses hydraulic, hydrostatic, pneumatic systems, repairs hydraulic, hydrostatic, and pneumatic systems	
Drivetrain Systems: diagnoses drivetrain systems, and repairs drivetrain systems	
Steering, Suspension, Brake Systems, Wheel Assemblies and Undercarriage: diagnoses steering, suspension, brake systems, wheel assemblies and undercarriage, repairs steering, suspension, brake systems, wheel assemblies and undercarriage	
Electrical and Vehicle Management Systems: diagnoses electrical systems, repairs electrical systems, diagnoses electronic vehicle management systems, repairs electronic vehicle management systems	
Environmental Control Systems: diagnoses environmental control systems, repairs environmental control systems	
Structural Components, Accessories and Attachments: diagnoses structural components, accessories and attachments, repairs structural components, accessories and attachments	
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)
