



Saskatchewan  
Apprenticeship and  
Trade Certification  
Commission

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 _____	Postal Code _____	Phone Number _____
Employer (Firm Name) _____		Name and Certificate Number of Supervising Journeyperson _____	
Address of Employer _____	City _____	Postal Code _____	Phone Number _____

<b>Meat Cutter</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ <b>to</b> _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Occupational Skills:</b> identifies daily skills used in the trade such as sanitization, tool and equipment use and equipment maintenance	
<b>Meat Cutting:</b> identifies species, meat cutting procedures for primals, sub primals and retail cuts	
<b>Marketing:</b> prepares packaged product for consumers, performs cost analysis such as profit, shrinkage and retail pricing, and demonstrates customer service skills	
<b>Other:</b>	
<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)