



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 Journeyman _____

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

Plumber	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Occupational Skills: safety, use and maintain tools and equipment, organize work, perform routine trade activities	
Piping Preparation and Assembly: prepare pipe, join tube, tubing, pipe and fittings	
Drainage, Waste, Vents and Sewage Treatment Systems: installation of sewers, sewage treatment systems and rough in for interior drainage, waste and vent systems	
Water Service and Distribution: installation of water services, potable water distribution systems and pressure systems	
Fixtures, Appliances and Water Treatment Systems: installation of plumbing fixtures and appliances and water treatment systems	
Low Pressure Steam and Hydronic Heating and Cooling Systems: installation of low pressure steam systems, hydronic heating and cooling piping systems, generating systems and equipment, system controls and transfer units	
Specialized Systems: installation of piping and equipment for specialized systems and process piping systems	
<ul style="list-style-type: none"> installation of piping and equipment for natural and liquefied petroleum gas (LPG) systems 	
Maintenance and Repairs: Maintenance and troubleshooting of plumbing-related systems and components	
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)
