Saskatchewan Apprenticeship and Trade Certification Commission

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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 _____

Semiautomatic Welding Production Operator **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY) **Type of Work** (please print)	**Trade Time Exposure In Hours**
Occupational Skills: blueprints and drawings; lay out, preparation and fabrication of materials; equipment maintenance; basic rigging	
Quality Control: performing inspections to ensure conformity to specifications	
Cutting Processes: mechanical and power cutting tools; oxy-fuel cutting process; plasma arc cutting process	
Gouging Process: air carbon arc gouging	
Welding Processes: gas metal arc welding (GMAW); flux cored arc welding (FCAW)	
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)**