



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 _____

Construction Electrician	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Performs Common Occupational Skills: safety related functions, tools and equipment, work organization, support components, commission and decommission, communication and mentoring	
Installs, Services and Maintains Generating, Distribution and Service Systems: consumer/supply services and metering equipment, protection devices, distribution equipment, power conditioning, UPS, surge suppression, bonding and grounding, power generation, renewable energy, high voltage, transformers	
Installs, Services and Maintains Wiring Systems: raceways, cables, enclosures, branch circuitry, HVAC systems, electric heating systems, exit and emergency lighting systems, cathodic protection systems	
Installs, Services and Maintains Motors and Control Systems: motor starters and controls, drives, motors; install, program and service automated control systems	
Installs, Services and Maintains Signalling and Communication Systems: signalling systems, communication systems, integrated control systems	
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)