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# Form 6A Verification of on the Job Experience

**PLEASE PRINT CLEARLY**

Apprentice/Tradesperson		Social Insurance Number	
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>Framer Sub-trade</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>	
<b>Tools and Equipment:</b> hand, portable and stationary power tool use; survey equipment operation; personal protective equipment maintenance and use; material handling, rigging and hoisting equipment use	
<b>Building Materials:</b> using, identifying and storing of structural and non-structural materials; using insulations, membranes and sealants	
<b>Interpret Construction Documents:</b> blueprints, specifications and drawings; codes, regulations and standards; estimating materials; scheduling work	
<b>Project Related Skills:</b> site layout; site preparation; communication; temporary structures; access equipment	
<b>Layout of Framing Systems:</b> floor and ceiling systems; wall systems; roof systems	
<b>Construction of Framing Systems:</b> floor and ceiling systems; wall systems; roof systems	
<b>Installs Exterior Doors and Windows:</b> jamb and frame installation; hanging doors and windows; hardware installation	
<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> <b>Time Assessed:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____ <span style="float: right;">(DD/MM/YY)</span>
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