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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 Journey person _____

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

Gasfitter		Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)		
Type of Work (please print)		
Rough-in: sizing piping and tubing; pipe and tube jointing, supporting, installing and pressure testing; verification tagging		
Installation of appliances: placing, hanging and supporting according to prints, specs, codes and manufacturer's specifications; gas connections		
Venting: calculating combustion air requirements; sizing, hanging and supporting according to code and manufacturer's specifications		
Start-up procedures: leak testing; test-fire procedures (pressure, venting, temperature rise, limit devices, etc.); explanation of operating procedures to end users		
Servicing: general and scheduled maintenance; trouble-shooting; inspection of combustion air and venting systems; confirmation of appliance system operations including components such as combustion chamber and limit devices		
Total Hours		

I Certify The Above Hours Are Accurate _____ Date (DD/MM/YY) _____ Apprenticeship/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)
