



2140 Hamilton Street
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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 Journeyperson _____

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

Pipeline – Grader Operator		Trade Time Exposure In Hours
Period of Employment _____ (DD/MM/YY)	to _____ (DD/MM/YY)	
Type of Work (please print)		
Stripping		
Two-toning		
Clean-up		
Road building and maintenance		
Backfilling		
Restoration		
Ripping		
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)