

# 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

<b>Ironworker (Reinforcing)</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ <b>to</b> _____ (DD/MM/YY) (DD/MM/YY)	<b>Trade Time Exposure In Hours</b>
<b>Type of Work</b> (please print)	
<b>Occupational Skills:</b> interprets occupational documentation, communicates in the workplace, uses and maintains tools and equipment and organizes work.	
<b>Rigging and Hoisting:</b> selects rigging equipment and uses hoisting and lifting equipment.	
<b>Cranes:</b> assembles and disassembles cranes.	
<b>Reinforcing:</b> fabricates on-site and installs reinforcing material.	
<b>Pre-Stresses/Post-Tensions:</b> places pre-stressed/post-tensioning systems, stresses tendons and grouts tendons.	
<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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