



Saskatchewan
Apprenticeship and
Trade Certification
Commission

2140 Hamilton Street
Regina, Saskatchewan
S4P 2E3

Tel (306) 787-2444
Toll Free 1-877-363-0536
Fax (306) 787-5105

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 Journeyman _____

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

Mobile Crane Operator Trade and Sub-trades					
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)					
Make & Model Of Crane	Type of Machine (hydraulic, lattice boom, boom truck)	Size (Tonnage)	Operating Hours --- Seat Time	Maintenance Hours	Rigging Hours
SUB-TOTALS					
Operating Hours (Seat Time) + Maintenance Hours + Rigging Hours = Total of all sub-totals					
TOTAL OF ALL SUB-TOTALS					

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) _____

Position of Employer Representative (print clearly) _____

For Commission Use Only
Time Assessed: _____ Approved By: _____ Date: _____
(DD/MM/YY)