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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 Journeyman \_\_\_\_\_

Address of Employer \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

## Mobile Crane Operator (HYDRAULIC)

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
<b>SUB-TOTALS</b>					

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)