



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 _____

Motor Vehicle Body Repairer (Metal and Paint)		Trade Time Exposure In Hours
Period of Employment		
_____ to _____ (DD/MM/YY) (DD/MM/YY)		
Type of Work (please print)		
Common Occupational Skills: perform safety related functions, uses and maintains tools and equipment, uses and maintains welding equipment		
Routine Trade Tasks: organizes work and uses documentation, applies corrosion protection and sound deadening materials, removes and installs trim and weatherstrips, performs inspection		
Frame and Structural Components: prepares for repair and replacement of structural components, repairs, removes and installs structural components, removes, installs and repairs structural components and glass		
Non-Structural Outer Body Panels and Related Components: removes, repairs and installs metal panels and components, removes, repairs and installs plastic and composite panels and components, removes and installs non-structural glass		
Mechanical, Electrical and Alternate Fuel System Components: deactivates and activates alternate fuel systems, removes and installs mechanical components, removes and installs electrical components		
Restraint System and Interior Components: repair and replace interior components, services supplemental restraint systems (SRS)		
Refinishing: prepares surfaces, uses fillers, primers and surfacers, prepares and applies refinishing materials		
Detailing and Cleaning: details exterior, cleans vehicle		
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)
