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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 _____

Pork Production Technician		Trade Time Exposure In Hours
Period of Employment		
_____ to _____ (DD/MM/YY) (DD/MM/YY)		
Type of Work (please print)		
Breeder		
Farrowing		
Nursery		
Grower/Finisher		
Facilities		
Total Hours		

I Certify The Above Hours Are Accurate _____ Date (DD/MM/YY) _____ Apprenticeship/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)