Saskatchewan Apprenticeship and Trade Certification Commission

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ATCAssessment@gov.sk.ca

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 _____

Roofer **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY)	**Trade Time Exposure In Hours**
Type of Work (please print)	
Common Occupational Skills: performing safety related functions, maintaining and using tools and equipment, performing common work practices and procedures	
Roof Preparation: preparing roof for replacement, preparing deck for roof installation	
Low Slope and Flat Roofing: applying roofing components, applying membranes	
Shingles, Tiles and Pre-formed Metal Roofing: performing common steep slope practices, applying shingles, applying roof tiles, applying pre-formed metal roofing	
Waterproofing and Damp-proofing: waterproofing surfaces, damp-proofing surfaces	
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)**