



2140 Hamilton Street
 REGINA SK S4P 2E3
 Fax (306) 787-5105
 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 Journeyman _____

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

Scaffolder Sub-trade		Trade Time Exposure In Hours
Period of Employment	to	
_____ (DD/MM/YY)	_____ (DD/MM/YY)	
Type of Work		
Tools and Equipment: using hand, portable and stationary power tools; using and maintaining personal protective equipment; using material handling, rigging and hoisting equipment		
Building Materials: using, identifying and storing of fasteners, adhesives, connectors, structural and non-structural materials; using insulations, membranes and sealants		
Interpret Construction Documents: interpret blueprints, specifications and drawings; interpreting codes, regulations and standards; estimating materials; scheduling work		
Project Related Skills: site layout including survey equipment; site preparation; communication; erect hoarding and shelters		
Access Structures: lay out, assemble, maintain and dismantle ramps, ladders and scaffold systems including welded frame, system and rolling		
• tube and clamp scaffolding (Mandatory Experience Required)		
Shoring and Falsework: perform lay out, assembly, maintenance and dismantling of structures such as for slab formwork, bearing wall removal, and masonry support		
Support Structures: lay out, assemble, maintain and dismantle bleachers and stages		
Work Platforms: lay out, assemble, maintain and dismantle swing stages		
Specialized Safety Equipment: lay out, assemble, maintain and dismantle nets, fans		
Machine Scaffolds: set-up and operation of scissor lift, telescoping boom lifts, etc.		
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)