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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 _____

Slaughterer		Trade Time Exposure In Hours
Period of Employment	_____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print) – 100 hours minimum required in each area		
Anti-mortem Procedures:		
Receiving animals		
Restraining animals		
Stunning animals		
Post-mortem Procedures:		
Slaughtering/Bleeding of Animals		
Preparing carcasses		
Cleaning Procedures:		
Evisceration		
Inspection of carcass and/or organs		
Washing of carcass		
Other: (please list)		
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)