



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 \_\_\_\_\_

<b>Tower Crane Operator</b>			
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)			
Make & Model Of Crane	Operating Hours --- Seat Time	Maintenance Hours	Rigging Hours
<b>Sub-Totals</b>			

Operating Hours (Seat Time) + Maintenance Hours + Rigging Hours = Total of all sub-totals

**TOTAL OF ALL SUB-TOTALS** \_\_\_\_\_

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)