



2140 Hamilton Street  
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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 Journey person \_\_\_\_\_

Address of Employer \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

<b>Water Well Driller</b>	<b>Trade Time Exposure In Hours</b>
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Common Occupational Skills</b>	
<b>Drilling System Operation</b>	
<b>Well Construction and Design</b>	
<b>Well Pumping Systems</b>	
<b>Maintains Wells</b>	
<b>Record Keeping</b>	
<b>Ground Water Monitoring</b>	
<b>Total Hours</b>	

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)

<b>For Commission Use Only</b> Time Assessed: _____ Approved By: _____ Date: _____ (DD/MM/YY)
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