

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 Su | Name and Certificate Number of Supervising Journeyperson | |
| Address of Employer | City | Postal Code | Phone Number | |
| Welder Period of Employment | to | | Trade Time Exposure | |
| 1 CHOO OF LIMPTO, MARK | | DD/MM/YY) | In Hours | |
| Type of Work (pleas | | | | |
| Common Occupational Skills: maintaining tools and equipment; using access and material handling equipment; performing safety-related activities, organizing work, performing routine trade activities | | | | |
| Fabrication and Preparation of Components for Welding: performing layout, fabricating components | | | | |
| Cutting and Gouging: using oxy-fuel gas cutting (OFC) process for cutting and gouging |) | | | |
| Welding Processes: welding using gas tungsten arc welding (GTAW) process, welding using submerged arc welding (SAW) process | | | ng | |
| | shielded metal arc process (Ma | ndatory Experience Required) | | |
| welding using a wire feed process - MCAW, FCAW or GMAW (Mandatory Experience Required) | | | rience | |
| | | | | |
| | | Total H | ours | |
| I Certify The Above Hours Are Ac | ccurate | | | |
| Tooling Inc. | Date (DD/MM/Y) | Y) Apprentice/Tradesperson | ı (signature) | |
| I Certify The Above Hours Are Ac | | | | |
| | Date (DD/MM/Y) | Y) Employer Representative | e(signature) | |
| | | Employer Representative | Employer Representative (print name clearly) | |
| For Commission Use Only Time Assessed: | y Approved By: | Date: | (DD/MM/YY) | |