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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 Journeyman		
Address of Employer	City	Postal Code	Phone Number

<b>Cabinetmaker</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b>	
<b>Common Occupational Skills:</b> performing safety-related functions, maintaining tools and equipment; organizing work, performing routine work practices	
<b>Machining:</b> machining components using stationary and portable power tools; machining components using automated equipment	
<b>Forming Laminating:</b> creating curved components using wood and composite materials; laminating wood and composite materials	
<b>Veneers and Laminates:</b> applying veneers, applying laminate sheets	
<b>Shop Assembly:</b> assembly cabinets and furniture; assembling architectural millwork products	
<b>Finishing:</b> preparing surface for finish, finishing wood products	
<b>On-site Assembly and Installation:</b> modifying products to site conditions, installing cabinets and countertops; installing architectural millwork products and mouldings	
<b>Specialized Operations:</b> building stairs and balustrades; working with solid surface material and custom countertops; creating decorative woodwork, restoring woodwork	
<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> <b>Time Assessed:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____ <span style="float: right;">(DD/MM/YY)</span>
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