



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 _____

Construction Craft Labourer	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Common Occupational Skills: performs safety-related functions; uses and maintains tools and equipment; organizes work; performs routine trade activities.	
Site Work: prepares site; performs ground work; services site; performs basic demolition; performs safety watch.	
Scaffolding and Access Equipment: uses scaffolding; uses access equipment.	
Concrete Work: forms concrete; places and finishes concrete; modifies concrete; places/applies grout, epoxies, and caulking.	
Masonry Work: prepares for masonry work; tends to bricklayers.	
Utilities and Pipeline: installs utility piping for water and sewer installations; performs pipeline activities.	
Roadwork: installs road surface material; installs roadwork components.	
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)
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