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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>Glazier</b>	
<b>Period of Employment</b> _____ <b>to</b> _____ (DD/MM/YY) (DD/MM/YY)	<b>Trade Time Exposure In Hours</b>
<b>Type of Work</b> (please print)	
<b>Occupational Skills:</b> Uses and maintains tools and equipment, organizes work, and performs routine activities.	
<b>Commercial Window and Door Systems:</b> Fabricates commercial window and door systems, and installs commercial window and door systems.	
<b>Residential Window and Door Systems:</b> Installs residential window systems and installs residential door systems.	
<b>Specialty Glass and Products:</b> Fabricates and installs specialty glass and products; installs glass systems on vehicles.	
<b>Servicing:</b> Services commercial window and door systems, services residential window and door systems, and services specialty glass and products.	
<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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