

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	Name and Certificate Number of Supervising Journeyperson	
Address of Employer	City	Postal Code	Phone Number	
Landscape Horticu	lturist		Trade Time	
Period of Employment	(DD/MM/YY) to (D	DD/MM/YY)	Exposure In Hours	
Type of Work (please		20,2,2,2,2,2,7		
equipment and vehicles, or communication and mento Applies Horticultural Pr practices. Performs Landscape Conhardscape softscape, and generated Performs Landscape Mainfrastructure, maintain ha	upational Skills: Performs sa organizes work, participates in oring techniques. rinciples: applies horticultura nstruction: performs pre-congreen infrastructure systems. Intenance: maintains hardscape and green infrastruct	n marketing and sales, uses all practices, applies environmental practices, applies environmental practices, installs cape, softscape and green ture.	nemental	
	es, manages greenhouse crop			
		Total	Hours	
I Certify The Above Hours Are Ac	Date (DD/MM/YY	Apprentice/Tradesper	rson (signature)	
I Certify The Above Hours Are Ac	Courate Date (DD/MM/YY	Employer Representa	Employer Representative (signature)	
		Employer Representa	Employer Representative (print name clearly)	
For Commission Use Only Time Assessed:	y Approved By:	Dat	te:	