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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 _____

Locksmith	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Safety and Tools: use and maintenance of hand and power tools.	
Keys: key identification, cutting or duplication, and the verification of the correct key and cut.	
Locks: application of lock systems, hardware identification, and repair of lock components.	
Hardware: application of lock systems, hardware identification, and repair of hardware.	
Oxyacetylene: operates oxyacetylene welding equipment.	
Automotive: repair specific locking systems, open vehicle doors.	
Hardware and Electrical Components: install and repair.	
Safes, Vaults and Depositories: installation and repair.	
Master Keying: planning, coordination and execution of master key projects.	
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)
