

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 Ph	one Number
Employer (Firm Name)	Name and Certificate Number of Supervising		ing Journeyperson
Address of Employer	City	Postal Code Ph	one Number
Pipeline Equipment Opera	to		Trade Time Exposure
Type of Work (please print)	M/YY) (DD/MI	M/YY)	In Hours
Oiler (maximum 200 hours)			
Shack packer (maximum 800 hours)			
Lower-in			
Tie-in			
Bending			
Set-up			
Stringing			
River crossings			
Stockpiling pipe			
Fabrication			
		Total Hours	S
I Certify The Above Hours Are Accurate	Date (DD/MM/YY)	Apprentice/Tradesperson (sign	otura)
I.C. C. The Alexand House Are Acquests	Date (DD/IVIIVI/ 1 1)	Apprentice/Tradesperson (sign	ature)
I Certify The Above Hours Are Accurate	Date (DD/MM/YY)	Employer Representative (sign	ature)
		Employer Representative (prin	t name clearly)
For Commission Use Only Time Assessed:	_Approved By:	Date:	(DD/MM/YY)