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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>Tower Crane Operator</b>			
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)			
Make & Model Of Crane	Operating Hours --- Seat Time	Maintenance Hours	Rigging Hours
<b>Sub-Totals</b>			

Operating Hours (Seat Time) + Maintenance Hours + Rigging Hours = Total of all sub-totals

**TOTAL OF ALL SUB-TOTALS** \_\_\_\_\_

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)