



Saskatchewan
Apprenticeship and
Trade Certification
Commission



2140 Hamilton Street
Regina, Saskatchewan
S4P 2E3

Tel (306) 787-2444
Toll Free 1-877-363-0536
Fax (306) 787-5105

FORM 6A
Verification of
On The Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson _____ Social Insurance Number _____

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 _____

Pork Production Technician - Farrowing		Trade Time Exposure In Hours
Period of Employment	_____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)		
Check for pregnancy		
Condition scores sows		
Implements a farrowing program		
Preparing sow for farrowing		
Induce farrowing		
Supervise/assist farrowing		
Other		
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)