Saskatchewan Apprenticeship and Trade Certification Commission

2140 Hamilton Street
Regina, Saskatchewan
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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 Journeyperson _____

Address of Employer _____ City _____ Postal Code _____ Phone Number _____

Pork Production Technician – Nursery

Period of Employment _____ (DD/MM/YY) **to** _____ (DD/MM/YY)

Type of Work (please print)	**Trade Time Exposure In Hours**
Care of lactating sow	
Care of new born piglets	
Develop weaning program	
Wean piglets	
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)**