



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 _____ Phone Number _____

Employer (Firm Name) _____ Name and Certificate Number of Supervising Journeyperson _____

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

Pork Production Technician		Trade Time Exposure In Hours
Period of Employment		
_____ to _____ (DD/MM/YY) (DD/MM/YY)		
Type of Work (please print)		
Breeder		
Farrowing		
Nursery		
Grower/Finisher		
Facilities		
Total Hours		

I Certify The Above Hours Are Accurate _____ Date (DD/MM/YY) _____ Apprenticeship/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)