



2140 Hamilton Street
 REGINA SK S4P 2E3
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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 _____

| Water Well Driller | Trade Time Exposure In Hours |
|--|---|
| Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY) | |
| Type of Work (please print) | |
| Common Occupational Skills | |
| Drilling System Operation | |
| Well Construction and Design | |
| Well Pumping Systems | |
| Maintains Wells | |
| Record Keeping | |
| Ground Water Monitoring | |
| 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) |
|---|