



2140 Hamilton Street  
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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 Journeyperson	
Address of Employer	City	Postal Code	Phone Number

<b>Automotive Refinishing Technician Subtrade</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ <b>to</b> _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Common Occupational Skills:</b> tools and equipment, personal protective equipment, safety and inspection	
<b>Routine Trade Tasks:</b> document use, communication, planning of work tasks	
<b>Vehicle Preparation:</b> initial preparation, surface preparation, application of repair material	
<b>Refinishing:</b> equipment preparation, refinishing material preparation, application of refinishing material, refinishing equipment maintenance	
<b>Pre-Delivery:</b> quality assurance check, detailing	
<b>Total Hours</b>	

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)

<b>For Commission Use Only</b> <b>Time Assessed:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____ <span style="float: right;">(DD/MM/YY)</span>
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