

# 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

<b>Roofer</b>	<b>Trade Time Exposure In Hours</b>
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Common Occupational Skills:</b> performing safety related functions, maintaining and using tools and equipment, performing common work practices and procedures	
<b>Roof Preparation:</b> preparing roof for replacement, preparing deck for roof installation	
<b>Low Slope and Flat Roofing:</b> applying roofing components, applying membranes	
<b>Shingles, Tiles and Pre-formed Metal Roofing:</b> performing common steep slope practices, applying shingles, applying roof tiles, applying pre-formed metal roofing	
<b>Waterproofing and Damp-proofing:</b> waterproofing surfaces, damp-proofing surfaces	
<b>Roof Maintenance and Repair:</b> assessing roof conditions, maintaining and repairing roofs	
<b>Total Hours</b>	

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)

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