Saskatchewan Apprenticeship and Trade Certification Commission

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 _____

Automotive Refinishing Technician Subtrade **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY)	**Trade Time Exposure In Hours**
Type of Work (please print)	
Performs Common Occupational Skills: Performs safety-related functions; maintains tools and equipment; organizes work; uses communication and mentoring techniques	
Performs Preparation: Prepares surface; uses repair materials	
Performs Refinishing Procedures: Prepares refinishing equipment; prepares refinishing materials; applies refinishing materials; performs post-refinishing functions	
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)**