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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 Journeyman _____

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

Bricklayer	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work	
Common Occupational Skills: performing safety-related functions; using and maintaining tools and equipment; using scaffolding; organizing work	
General Masonry Practices: performing substrate preparation; performing fundamental masonry tasks; using mortars, grouts and adhesives	
Masonry Systems: building masonry walls; building horizontal masonry surfaces; building and installing prefabricated masonry units; installing surface-bonded masonry units	
Natural Stone Systems: building stone walls; installing natural stone cladding	
Chimneys and Fireplaces: building chimneys; building fireplaces.	
Refractories and Corrosion Resistant Materials: installing and maintaining refractories; installing and maintaining corrosion resistant materials	
Restoration: rebuilding masonry work; repairing and cleaning existing masonry work.	
Additional Masonry: installing glass blocks; installing ornamental and sculpted masonry; building arches	
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)