



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 Journeyman _____

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

Cabinetmaker	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; maintaining tools and equipment; organizing work; performing routine work practices	
Machining: machining components using stationary and portable power tools; machining components using automated equipment	
Forming Laminating: creating curved components using wood and composite materials; laminating wood and composite materials	
Veneers and Laminates: applying veneers; applying laminate sheets	
Shop Assembly: assembling cabinets and furniture; assembling architectural millwork products	
Finishing: preparing surface for finish; finishing wood products	
On-site Assembly and Installation: modifying products to site conditions; installing cabinets and countertops; installing architectural millwork products and mouldings	
Specialized Operations: building stairs and balustrades; working with solid surface material and custom countertops; creating decorative woodwork; restoring woodwork	
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)
