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

<b>Carpenter</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (Hours shown apply to Apprentices, with 1.5 times the hours applying to a Tradesperson)	
<b>Common Occupational Skills:</b> using and maintaining tools and equipment; performing safety related activities; using building materials	
<ul style="list-style-type: none"> <li>building and using temporary access structures                (a maximum of 1800 hours credit in this work activity is accepted towards certification)</li> </ul>	
<b>Planning and Layout:</b> interpreting documentation; organizing work; performing layout	
<b>Concrete:</b> constructing formwork; installing of concrete, cement-based and epoxy products (a maximum of 1800 hours credit in this work activity is accepted towards certification)	
<b>Framing:</b> constructing floor, deck, wall, roof, and ceiling systems (a maximum of 1800 hours credit in this work activity is accepted towards certification)	
<ul style="list-style-type: none"> <li>conventional or engineered wood framing systems</li> <li>metal framing systems (steel stud, demountable partitions, etc.)</li> </ul>	
<b>Exterior Finish:</b> installing exterior doors and windows; installing roofing; installing exterior finishes	
<b>Interior Finish:</b> applying of wall and ceiling finishes; installing flooring; installing interior doors and windows; constructing and installing of finish components and stairs	
<b>Renovations:</b> performing renovation-specific support and construction activities	
<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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