

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 _____

Construction Craft Labourer	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (Hours shown apply to Apprentices, with 1.5 times the hours applying to a Tradesperson)	
Common Occupational Skills: performs safety-related functions; uses and maintains tools and equipment; organizes work; performs routine trade activities. (Maximum credit of 480 hours for this work activity is accepted towards certification)	
Site Work: prepares site; performs ground work; services site; performs basic demolition; performs safety watch. (Maximum credit of 480 hours for this work activity is accepted towards certification)	
Scaffolding and Access Equipment: uses scaffolding; uses access equipment. (Maximum credit of 480 hours for this work activity is accepted towards certification)	
Concrete Work: forms concrete; places and finishes concrete; places/applies grout, epoxies, and caulking. (Maximum credit of 480 hours for this work activity is accepted towards certification)	
Masonry Work: prepares for masonry work; tends to bricklayers. (Maximum credit of 480 hours for this work activity is accepted towards certification)	
Utilities and Pipeline: installs utility piping for water and sewer installations; performs pipeline activities. (Maximum credit of 480 hours for this work activity is accepted towards certification)	
Roadwork: installs road surface material; installs roadwork components. (Maximum credit of 480 hours for this work activity is accepted towards certification)	
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)