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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 _____

Instrumentation and Control Technician		Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)		
Type of Work		
Occupational Skills: Performs safety-related functions; organizes work; performs routine trade activities.		
Process Measuring and Indicating Devices: Installs and services pressure, temperature, level and flow devices; installs and services motion, speed, position and vibration devices; installs and services mass, density and consistency devices; installs and services process analyzers; installs and services multiple variable computing devices.		
Safety and Security Systems and Devices: Installs and services safety systems and devices; installs and services safety instrumented systems.		
Hydraulic, Pneumatic and Electrical Systems: Installs and services control devices for hydraulic systems; installs and services pneumatic equipment; installs and services electrical and electronic equipment.		
Final Control Devices: Installs and services valves; installs and services actuators; installs and services positioners; configures and services variable speed drives.		
Communications Systems and Devices: Installs and services control network systems; installs and services signal converters; installs and services gateways, bridges and media converters.		
Control Systems and Process Control: Establishes and optimizes process control strategies; installs and services stand-alone controllers (SACs); installs and services programmable logic controllers (PLCs); installs and services distributed control systems (DCSs); installs and services human machine interfaces (HMIs); installs and services Supervisory Control and Data Acquisition (SCADA) systems.		
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)
