



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 Journey person	
Address of Employer	City	Postal Code	Phone Number

Machinist	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work	
Performs Common Occupational Skills: performing safety-related tasks; organizing work; using communication and mentoring techniques; processing workpiece material; maintaining machines, tooling and inspection equipment	
Performs Benchwork: performing hand processes; refurbishing components	
Machines Using Power Saws: setting up power saws; operating power saws	
Machines Using Drill Presses: setting up drill presses; operating drill presses	
Machines Using Conventional Lathes: setting up conventional lathes; operating conventional lathes	
Machines Using Conventional Milling Machines: setting up conventional milling machines; operating conventional milling machines	
Machines Using Precision Grinding Machines: setting up precision grinding machines; operating precision grinding machines	
Machines Using Computer Numerical Control (CNC) Machine-Tools: performing basic CNC programming; setting up CNC machine-tools; operating CNC machine-tools	
Total Hours	

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) Apprenticeship/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)
