



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 _____

<b>Metal Fabricator</b>	<b>Trade Time Exposure In Hours</b>
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b>	
<b>Common Occupational Skills:</b> performing safety-related functions, maintaining and using tools and equipment; organizing work; performing quality assurance throughout the fabrication and assembly process; handling materials	
<b>Fabrication of Components:</b> performing layout; cutting materials; forming materials	
<b>Assembly of Components:</b> fitting and fastening sub-components and components; performing welding activities; completing projects	
<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>		
Time Assessed: _____	Approved By: _____	Date: _____
		(DD/MM/YY)