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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 _____

Petroleum Installer Technician	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work	
Prepares for Project: Plans job tasks, procedures, equipment requirements and safety protocols. Interprets codes and regulations. Prepares the worksite. (A <u>minimum of 270 hours</u> is required for this work activity to achieve certification)	
Installs Aboveground Tanks: Installs tanks and equipment, concrete pads, foundation and piles, and secondary containment (Dykes). (A <u>minimum of 900 hours</u> is required for this work activity to achieve certification)	
Installs Underground Tanks: Installs underground tanks and equipment, water/oil separators, pumps and dispensers, and commissions the system. (A <u>minimum of 900 hours</u> is required for this work activity to achieve certification)	
Piping Techniques: Installs above and below ground piping, and tests piping system. (A <u>minimum of 960 hours</u> is required for this work activity to achieve certification)	
Decommissioning: Remove above/below ground tanks and piping. Re-use/dispose of tanks. (A <u>minimum of 500 hours</u> is required for this work activity to achieve certification)	
Closure: Decommissions site, completes as-built information, and Ministry of Environment (MOE) requirements. (A <u>minimum of 70 hours</u> is required for this work activity to achieve 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)
