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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 _____

Powerline Technician		Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)		
Type of Work		
Common Occupational Skills: safety-related functions, tools and equipment, access work area, establish safe work environment, use live-line methods, communication and mentoring.		
Structures: poles and steel lattice structures.		
Conductor Systems: underground and overhead.		
Auxiliary Equipment: lighting, voltage control and protection, metering and communication equipment.		
Operation, Maintenance and Repair: operates, maintains and repairs distribution and transmission 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)
