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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 Journey person	
Address of Employer	City	Postal Code	Phone Number

Scaffolder (sub-trade)	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (Hours shown apply to Apprentices, with 1.5 times the hours applying to a Tradesperson)	
Tools and Equipment: using and maintaining hand, pneumatic and stationary power tools; using material handling, rigging and hoisting equipment	
Safety Related Activities: using personal protective equipment and safety equipment; maintaining a safe work environment	
Building Materials: using, identifying and storing of fasteners, adhesives, connectors, structural and non-structural materials; using insulations, membranes and sealants	
Interpret Construction Documents: interpreting engineered drawings and specifications; applying codes, regulations and standards; estimating materials; scheduling work	
Project Related Skills: performing site layout; preparing site; communicating; erecting hoarding and shelters	
Access Structures: laying out, assembling, maintaining and dismantling ramps, ladders and scaffold systems including welded frame, system and rolling	
<ul style="list-style-type: none"> laying out, assembling, maintaining and dismantling tube and clamp scaffolding (A minimum of 1200 hours is required in this work activity to achieve certification) 	
Shoring and Falsework: laying out, assembling, maintaining and dismantling of structures such as for slab formwork, bearing wall removal, and masonry support	
Support Structures: laying out, assembling, maintaining and dismantling bleachers and stages	
Work Platforms: laying out, assembling, maintaining and dismantling swing stages	
Specialized Safety Equipment: laying out, assembling, maintaining and dismantling nets, fans	
Machine Scaffolds: setting up and operating scissor lift, telescoping boom lifts, etc.	
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)
