



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 Journeyman _____

Address of Employer _____ City _____ Postal Code _____ Phone Number _____

Tower Crane Operator					
Period of Employment		to			
(DD/MM/YY)		(DD/MM/YY)			
Make & Model Of Crane	Type of Machine (hydraulic, lattice boom, boom truck)	Size (Tonnage)	Operating Hours --- Seat Time	Maintenance Hours	Rigging Hours
Sub-Totals					

Operating Hours (Seat Time) + Maintenance Hours + Rigging Hours = Total of all sub-totals

TOTAL OF ALL SUB-TOTALS _____

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)