



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>Tilesetter</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b>	
<b>Occupational Skills:</b> performing safety-related functions; using and maintaining tools and equipment; organizing work	
<b>Substrate Preparation:</b> removing existing finishes; evaluating and preparing surface; installing specialty products	
<b>Layouts:</b> laying out work area; evaluating joints	
<b>Material Preparation:</b> inspecting materials; preparing material for installation; mixing materials	
<b>Material Setting:</b> installing tiles; installing stone slabs; pouring terrazzo mixture	
<b>Finishing:</b> finishing installed product; finishing terrazzo and stone	
<b>Total Hours</b>	

I Certify The Above Hours Are Accurate \_\_\_\_\_  
 Date (DD/MM/YY) Apprenticeship/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> <b>Time Assessed:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____ <span style="float: right;">(DD/MM/YY)</span>
---