

Form 6A Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson _____ PSE# _____

Current Address _____ Postal Code _____ Phone Number _____

Employer (Firm Name) _____ Name and Certificate Number of Supervising Journeyman _____

This area can be completed with ONLY Journeyman name.
This area will be discussed during the "contact of verification process" (see Employer Signatures area).

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

Construction Electrician	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work	
Performs Common Occupational Skills: safety related functions, tools and equipment, work organization, support component, communication and mentoring	
Installs, Services and Maintains Wiring Systems: consumer/supply service equipment, power conditioning, generation, renewable energy, h...	
Installs, Services and Maintains Wiring Systems: raceways, cables, enclosures, branch circuitry, HVAC systems, electric heating systems, exit and emergency lighting systems, cathodic protection systems	
Installs, Services and Maintains Motors and Control Systems: motor starters and controls, drives, motors; install, program and service automated control systems	
Installs, Services and Maintains Signaling and Communication Systems: signaling systems, communication systems, integrated control systems	
Total Hours	

Period of Employment must be completed for each employer "Start date" to "End date".

Total hours for the employment period must be broken down for each task performed. Percentages can be used as long as the "Total Hours" area is completed.

Employer signature area must be completed by each employer.

- International must also have a letter of verification
- Self-employed:
 - Have this area signed by a Commissioner of Oaths
 - Business license for employment period submitted

Please note each employer is contacted for verification of dates, hours, and tasks performed.

Date (DD/MM/YY) _____ Apprentice/Tradesperson (signature)

Date (DD/MM/YY) _____ Employer Representative (signature)

Employer Representative (print name clearly)

For Commission Use Only

Time Assessed: _____ Approved By: _____ Date: _____
 (DD/MM/YY)