



2140 Hamilton Street
 REGINA SK S4P 2E3
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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 _____

Sheet Metal Worker	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Performs Common Occupational Skills: performs safety-related functions, uses and maintains tools and equipment; organizes work, uses communication and mentoring techniques.	
Performs Fabrication: performs pattern development, fabricates sheet metal components for air and material handling systems; fabricates flashing, roofing, sheeting and cladding; fabricates specialty products.	
Performs Air and Material Handling System Installation: prepares installation site, installs and connects chimneys, breeching and venting to exhaust appliances and mechanical equipment; installs air handling system components, installs material handling system components, applies thermal insulation, lagging, cladding and flashing; performs leak testing, air balancing and commissioning.	
Installs Roofing and Specialty Product Installation: installs metal roofing and cladding systems; installs exterior components, installs specialty products.	
Performs Maintenance and Repair: performs scheduled maintenance, repairs faulty systems and components.	
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)
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