

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 Journeyperson	
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 (please print)	
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	
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 and fans	
Machine Scaffolds: setting up and operating scissor lift, telescoping boom lifts and other types of machine scaffolds	
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)