

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

Parts Technician	
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	Trade Time Exposure In Hours
Type of Work (please print)	
Occupational Skills: uses tools and equipment; organizes work; communicates with others	
Customer Service: services retail customers; services wholesale customers; services internal customers/technicians; provides general customer service and support	
Parts Acquisition: identifies parts; searches inventory for parts; sources parts	
Warehousing and Inventory: handles parts and materials; manages inventory; performs shipping/receiving duties	
Business Practices: promotes products and services; prices products; processes financial transactions	
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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