

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

Automotive Refinishing Technician	
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	Trade Time Exposure In Hours
Type of Work (please print)	
Performs Common Occupational Skills: Performs safety-related functions; maintains tools and equipment; organizes work; uses communication and mentoring techniques	
Performs Preparation: Prepares surface; uses repair materials	
Performs Refinishing Procedures: Prepares refinishing equipment; prepares refinishing materials; applies refinishing materials; performs post-refinishing functions	
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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Revised July/22