

# 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

<b>Truck and Transport Mechanic</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ to _____ (DD/MM/YY) (DD/MM/YY)	<b>Trade Time Exposure In Hours</b>
<b>Type of Work</b> (please print)	
<b>Common Occupational Skills:</b> Maintains tools and equipment; organizes work; performs routine trade activities.	
<b>Engine and Supporting Systems:</b> Diagnoses engine and supporting systems; services engine and supporting systems.	
<b>Air Systems and Brakes:</b> Diagnoses air systems and brakes; services air systems and brakes.	
<b>Electrical and Electronic Systems:</b> Diagnoses electrical systems; services electrical systems; diagnoses electronic systems; services electronic systems.	
<b>Drive Train:</b> Diagnoses drive train; services drive train.	
<b>Steering, Chassis/Frames, Suspension, Wheels, Hubs and Tires:</b> Diagnoses steering system, chassis/frames, suspension, wheels, hubs and tires; services steering system, chassis/frames, suspension, wheels, hubs and tires.	
<b>Cab:</b> Diagnoses cab components; services cab components.	
<b>Trailers:</b> Diagnoses trailer components; services trailer components.	
<b>Climate Control:</b> Diagnoses climate control systems; services climate control systems.	
<b>Hydraulic Systems:</b> Diagnoses hydraulic systems; services hydraulic systems.	
<b>Total Hours</b>	

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)

<b>For Commission Use Only</b> <b>Time Assessed:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____ <span style="float: right;">(DD/MM/YY)</span>
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Revised July/22