

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 |

| Plumber | Trade Time Exposure In Hours |
|---|-------------------------------------|
| Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY) | |
| Type of Work (please print) | |
| Perform Common Occupational Skills: Performs safety related function; uses and maintains tools and equipment; organizes work; performs routine trade activities; uses communication and mentoring techniques | |
| Prepares and Assembles Pipe: Prepares pipe; joins tube, tubing and pipe | |
| Installs, Tests and Services Sewers, Sewage Treatment Systems and Drainage, Waste and Vent (DWV) Systems: Installs, tests and services sewers, sewage treatment systems and interior drainage waste and vent (DWV) systems | |
| Installs, Tests and Services Water Service and Distribution: Installs, tests and services water services, potable water distribution systems and pressure systems | |
| Installs, Tests and Services Fixtures, Appliances and Water Treatment Systems: Installs, tests and services plumbing fixtures and appliances, and water treatment equipment | |
| Installs, Tests and Services Low Pressure Steam and Hydronic Heating and Cooling Systems: Install, test and service low pressure steam systems, hydronic heating and cooling systems | |
| Installs, Tests and Services Specialized Systems: Installs, tests and services specialized systems and process piping systems | |
| 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) |
|--------------------------------|-----------------------------|---------------------------|----------------------------------|