

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 Journey person		
Address of Employer	City	Postal Code	Phone Number

Tilesetter	
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	Trade Time Exposure In Hours
Type of Work (please print)	
Occupational Skills: performing safety-related functions; using and maintaining tools and equipment; organizing work	
Substrate Preparation: removing existing finishes; evaluating and preparing surface; installing specialty products	
Layouts: laying out work area; evaluating joints	
Material Preparation: inspecting materials; preparing material for installation; mixing materials	
Material Setting: installing tiles; installing stone slabs; pouring terrazzo mixture	
Finishing: finishing installed product; finishing terrazzo and stone	
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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