

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

Cabinetmaker	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Occupational Skills: performing safety-related functions; maintaining tools and equipment; organizing work; performing routine work practices	
Machining: machining components using stationary and portable power tools; machining components using automated equipment	
Forming Laminating: creating curved components using wood and composite materials; laminating wood and composite materials	
Veneers and Laminates: applying veneers; applying laminate sheets	
Shop Assembly: assembling cabinets and furniture; assembling architectural millwork products	
Finishing: preparing surface for finish; finishing wood products	
On-site Assembly and Installation: modifying products to site conditions; installing cabinets and countertops; installing architectural millwork products and mouldings	
Specialized Operations: building stairs and balustrades; working with solid surface material and custom countertops; creating decorative woodwork; restoring woodwork	
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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