

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 _____ |

| Sheet Metal Worker | Trade Time Exposure In Hours |
|--|-------------------------------------|
| Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY) | |
| Type of Work (please print) | |
| Performs common occupational skills: performs safety-related functions, uses and maintains tools and equipment; organizes work, uses communication and mentoring techniques | |
| Performs fabrication: performs pattern development, fabricates sheet metal components for air and material handling systems; fabricates flashing, roofing, sheeting and cladding; fabricates specialty products | |
| Installs air and material handling systems: prepares installation site, installs and connects chimneys, breeching and venting to exhaust appliances and mechanical equipment; installs air handling system components, installs material handling system components, applies thermal insulation, lagging, cladding and flashing; performs leak testing, air balancing and commissioning | |
| Installs roofing and specialty products: installs metal roofing and cladding systems; installs exterior components, installs specialty products | |
| Performs maintenance and repair: performs scheduled maintenance, repairs faulty systems and components | |
| | |
| | |
| 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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