

# Form 6A

## Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson	ATC#		
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>Ironworker (Reinforcing)</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ <b>to</b> _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Occupational Skills:</b> interprets occupational documentation, communicates in the workplace, uses and maintains tools and equipment and organizes work.	
<b>Rigging and Hoisting:</b> selects rigging equipment and uses hoisting and lifting equipment.	
<b>Cranes:</b> assembles and disassembles cranes.	
<b>Reinforcing:</b> fabricates on-site and installs reinforcing material.	
<b>Pre-Stresses/Post-Tensions:</b> places pre-stressed/post-tensioning systems, stresses tendons and grouts tendons.	
<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> Time Assessed: _____ Approved By: _____ Date: _____ <span style="float: right;">(DD/MM/YY)</span>
--