

# 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>Auto Body and Collision Technician</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Common Occupational Skills:</b> Perform safety related functions, uses, and maintains tools and equipment, uses, and maintains welding equipment, organizes work and uses documentation, uses communication and mentoring techniques, removes and installs trim and hardware, performs final inspections, applies corrosion protection and sound deadening materials	
<b>Repairs Frame and Structural Components:</b> Prepares for repair and replacement of structural components, repairs, removes and installs structural components, removes, installs and repairs structural and laminated glass.	
<b>Repairs Non-Structural Outer Body Panels and Related Components:</b> Removes, repairs and installs metal panels and components, removes, repairs and installs plastic and composite panels and components	
<b>Repairs Mechanical, Electrical and Alternative-Fuel System Components:</b> Deactivates and reactivates alternative-fuel systems, removes and installs mechanical components, removes, repairs and installs electrical and electronic components	
<b>Repairs Interior Components and Services Restraint Systems:</b> Repairs and replaces interior components, services supplemental restraint systems	
<b>Performs Refinishing Procedures:</b> Prepares surface, uses repairs materials, prepares refinishing materials, prepares refinishing equipment, applies refinishing materials, performs post-refinishing functions	
<b>Performs Detailing and Cleaning:</b> Details exterior, cleans vehicle	
<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>	<b>Time Assessed:</b> _____	<b>Approved By:</b> _____	<b>Date:</b> _____
			(DD/MM/YY)