

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

Metal Fabricator	
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	Trade Time Exposure In Hours
Type of Work	
Common Occupational Skills: performing safety-related functions, maintaining and using tools and equipment; organizing work; performing quality assurance throughout the fabrication and assembly process; handling materials	
Fabrication of Components: performing layout; cutting materials; forming materials	
Assembly of Components: fitting and fastening sub-components and components; performing welding activities; completing projects	
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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