

Form 6A

Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson		PSE#/MyATC#	
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

Carpenter Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	Trade Time Exposure In Hours
Type of Work (please print)	
Common Occupational Skills: using and maintaining tools and equipment; performing safety related activities; using building materials <ul style="list-style-type: none"> building and using temporary access structures (a maximum of 1800 hours credit in this work activity is accepted towards certification) 	
Planning and Layout: interpreting documentation; organizing work; performing layout	
Concrete: constructing formwork; installing of concrete, cement-based and epoxy products (a maximum of 1800 hours credit in this work activity is accepted towards certification)	
Framing: constructing floor, deck, wall, roof and ceiling systems (a maximum of 1800 hours credit in this work activity is accepted towards certification) <ul style="list-style-type: none"> conventional or engineered wood framing systems metal framing systems (steel stud, demountable partitions, etc.) 	
Exterior Finish: installing exterior doors and windows; installing roofing; installing exterior finishes	
Interior Finish: applying of wall and ceiling finishes; installing flooring; installing interior doors and windows; constructing and installing of finish components and stairs	
Renovations: performing renovation-specific support and construction activities	
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: _____ <div style="text-align: right;">(DD/MM/YY)</div>

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