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) | nployer (Firm Name) Name and Certificate Number of Supe | | Supervising Journeyperson |
| Address of Employer | City | Postal Code | Phone Number |
| Recreation Vehicle Service | Technician | | Trade Time |
| Period of Employment (DD/M | to(DD/I | MM/YY) | Exposure In Hours |
| Type of Work (please print) | | | 1100115 |
| Common Occupational Skills: Perform equipment; performs common work p | - | s and maintains tools and | |
| Plumbing Systems : Diagnoses plumbin systems. | g systems; services potable w | ater systems; services waste wate | er |
| Electrical Systems : Diagnoses electrical system. | l systems; services AC electrica | al system; services DC electrical | |
| LP Gas Systems: Diagnoses LP gas syste | em; services LP gas system. | | |
| Appliances and Consumer Products: No consumer products; installs appliances | | s appliances; repairs appliances a | ınd |
| Interior and Exterior : Diagnoses interior exterior components. | or and exterior components; s | ervices interior components; serv | rices |
| Chassis and Mechanical Components: and mechanical components; repairs components. | | | ssis |
| Towing Systems: Diagnoses towing sys | tems; services towing systems | S. | |
| | | Total Ho | ours |
| 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) |

Revised July/22

