

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 _____

Auto Body and Collision Technician	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Common Occupational Skills: 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	
Repairs Frame and Structural Components: Prepares for repair and replacement of structural components, repairs, removes and installs structural components, removes, installs and repairs structural and laminated glass.	
Repairs Non-Structural Outer Body Panels and Related Components: Removes, repairs and installs metal panels and components, removes, repairs and installs plastic and composite panels and components	
Repairs Mechanical, Electrical and Alternative-Fuel System Components: Deactivates and reactivates alternative-fuel systems, removes and installs mechanical components, removes, repairs and installs electrical and electronic components	
Repairs Interior Components and Services Restraint Systems: Repairs and replaces interior components, services supplemental restraint systems	
Performs Refinishing Procedures: Prepares surface, uses repairs materials, prepares refinishing materials, prepares refinishing equipment, applies refinishing materials, performs post-refinishing functions	
Performs Detailing and Cleaning: Details exterior, cleans vehicle	
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)
