

# 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 \_\_\_\_\_

<b>Mobile Crane Operator and Sub-trades</b>					
Period of Employment _____		to _____			
(DD/MM/YY)		(DD/MM/YY)			
Make & Model Of Crane	Type of Machine (hydraulic, lattice boom, boom truck)	Size (Tonnage)	Operating Hours --- Seat Time	Maintenance Hours	Rigging Hours
<b>Sub-Totals</b>					

Operating Hours (Seat Time) + Maintenance Hours + Rigging Hours = Total of all sub-totals

<b>TOTAL OF ALL SUB-TOTALS</b>	
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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>		
Time Assessed: _____	Approved By: _____	Date: _____ <span style="font-size: small;">(DD/MM/YY)</span>

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