

# 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>Bricklayer</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ <b>to</b> _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Performs common occupational skills:</b> performing safety-related functions; using and maintaining tools and equipment; using scaffolding; organizing work, using communication and mentoring techniques.	
<b>Performs general masonry practices:</b> performing substrate preparation; performing fundamental masonry tasks; using mortars, grouts and adhesives.	
<b>Builds masonry systems:</b> building masonry walls; building horizontal masonry surfacers; building and installing prefabricated masonry units; installing surface-bonded masonry units.	
<b>Builds natural stone systems:</b> building natural stone walls; performing mechanically fastened natural stone cladding procedures.	
<b>Builds chimneys and fireplaces:</b> building chimneys; building fireplaces.	
<b>Installs refractories and corrosion resistant materials:</b> installing and maintain refractories; installing and maintaining corrosion resistant materials.	
<b>Performs restoration:</b> rebuilding masonry work; repairing and cleaning existing masonry work.	
<b>Performs additional masonry:</b> installing glass blocks; installing ornamental and sculpted masonry; building arches	
<b>Total Hours</b>	

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>	<b>Time Assessed:</b> _____	<b>Approved By:</b> _____	<b>Date:</b> _____ (DD/MM/YY)
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