

# 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>Construction Electrician</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Performs Common Occupational Skills:</b> safety related functions, tools and equipment, work organization, support components, commission and decommission, communication and mentoring	
<b>Installs, Services and Maintains Generating, Distribution and Service Systems:</b> consumer/supply services and metering equipment, protection devices, distribution equipment, power conditioning, UPS, surge suppression, bonding and rounding, power generation and conversion systems, renewable energy and storage, high voltage, transformers	
<b>Installs, Services and Maintains Wiring Systems:</b> raceways, conductors, cables, enclosures, branch circuitry, HVAC systems, electric heating systems, exit and emergency lighting systems, cathodic protection systems	
<b>Installs, Services and Maintains Motors and Control Systems:</b> motor starters and controls, drives, motors; install, program and service automated control systems	
<b>Installs, Services and Maintains Signaling and Communication Systems:</b> signaling systems, communication systems, integrated control systems	
<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> _____ <span style="float: right;">(DD/MM/YY)</span>
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Revised May 18/23