

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 |

| Framer | |
|--|-------------------------------------|
| Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY) | Trade Time Exposure In Hours |
| Type of Work (please print) | |
| Tools and Equipment: using hand, portable and stationary power tool use; using survey equipment operation; personal protective equipment maintenance and use; material handling, rigging and hoisting equipment use | |
| Building Materials: using fasteners, adhesives and connectors; using, identifying and storing of structural and non-structural materials; using insulations, membranes and sealants | |
| Interpret Construction Documents: interpreting blueprints, specifications and drawings; applying codes, regulations and standards; estimating materials; scheduling work | |
| Project Related Skills: performing site layout; site preparation; communication; erecting temporary structures or access equipment | |
| Layout of Framing Systems: laying out floor and ceiling systems, wall systems, roof systems and stairs | |
| Construction of Framing Systems: constructing floor systems, ceiling systems, wall systems and roof systems | |
| Installs Exterior Doors and Windows: installing door jambs and frames; hanging doors and windows; installing door and window hardware | |
| Total Hours | |

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) Apprenticeship/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 Dec 11, 2023

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