



2140 Hamilton Street
 REGINA SK S4P 2E3
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Form 6A Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson		PSE#	
Current Address	City	Postal Code	Phone Number
Employer (Firm Name)		Name and Certificate Number of Supervising Journey person	
Address of Employer	City	Postal Code	Phone Number

Glazier	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Occupational Skills: Uses and maintains tools and equipment, organizes work, and performs routine activities.	
Commercial Window and Door Systems: Fabricates commercial window and door systems, and installs commercial window and door systems.	
Residential Window and Door Systems: Installs residential window systems and installs residential door systems.	
Specialty Glass and Products: Fabricates and installs specialty glass and products; installs glass systems on vehicles.	
Servicing: Services commercial window and door systems, services residential window and door systems, and services specialty glass and products.	
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)
