# 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

| **Heavy Duty Equipment Technician**<br><br>**Period of Employment** _____ to _____<br>(DD/MM/YY) (DD/MM/YY) | **Trade Time Exposure In Hours** |
|---|---|
| **Type of Work** (please print) | |
| **Common Occupational Skills**: uses and maintains tools and equipment, performs general maintenance and inspections, organizes work, and performs routine trade activities | |
| **Engines and Engine Support Systems**: diagnoses engines and engine support systems, repairs engines and engine support systems | |
| **Hydraulic, Hydrostatic and Pneumatic Systems**: diagnoses hydraulic, hydrostatic, pneumatic systems, repairs hydraulic, hydrostatic, and pneumatic systems | |
| **Drivetrain Systems**: diagnoses drivetrain systems, and repairs drivetrain systems | |
| **Steering, Suspension, Brake Systems, Wheel Assemblies and Undercarriage**: diagnoses steering, suspension, brake systems, wheel assemblies and undercarriage, repairs steering, suspension, brake systems, wheel assemblies and undercarriage | |
| **Electrical and Vehicle Management Systems**: diagnoses electrical systems, repairs electrical systems, diagnoses electronic vehicle management systems, repairs electronic vehicle management systems | |
| **Environmental Control Systems**: diagnoses environmental control systems, repairs environmental control systems | |
| **Structural Components, Accessories and Attachments**: diagnoses structural components, accessories and attachments, repairs structural components, accessories and attachments | |
| **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)

Revised May/22