

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 Journey person		
Address of Employer	City	Postal Code	Phone Number

Ironworker (Reinforcing)	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Occupational Skills: interprets occupational documentation, communicates in the workplace, uses and maintains tools and equipment and organizes work.	
Rigging and Hoisting: selects rigging equipment and uses hoisting and lifting equipment.	
Cranes: assembles and disassembles cranes.	
Reinforcing: fabricates on-site and installs reinforcing material.	
Pre-Stresses/Post-Tensions: places pre-stressed/post-tensioning systems, stresses tendons and grouts tendons.	
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)
