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
Lather (Interior System	Mechanic)		Trade Time
Period of Employment	to /MM/YY) (DD	/MM/YY)	Exposure In
Type of Work (please prin	· · · · · · · · · · · · · · · · · · ·	/ IVIIVI/ 1 1 /	Hours
 (a maximum of 3000 he gypsum board installat (a minimum of 1500 he 	pearing steel assemblies and I quired in this work activity to all systems and componen diation shielding, smoke and cours is required in this work activity is action ours is required in this work activity is action ours in this work activity is action ours in this work activity is actions in this work activity is actions.	load bearing steel assemblies achieve certification) owards certification) ots; ceiling systems, access floatire barriers activity to achieve certification eccepted towards certification activity to achieve certification activity to achieve certification eccepted towards certification accepted towards certification)	oring
		Total I	Hours
I Certify The Above Hours Are Accurate I Certify The Above Hours Are Accurate	Date (DD/MM/YY)	Apprentice/Tradespers	on (signature)
	Date (DD/MM/YY)	Employer Representative (signature)	
		Employer Representati	ive (print name clearly)
For Commission Use Only	Ammunuad Dec	N-1-	
Time Assessed:	Approved By:	Date	:(DD/MM/YY)

Revised September, 2022

