

# 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

<b>Locksmith</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ <b>to</b> _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b> (please print)	
<b>Safety and Tools:</b> use and maintenance of hand and power tools.	
<b>Keys:</b> key identification, cutting or duplication and the verification of the correct key and cut.	
<b>Locks:</b> application of lock systems, hardware identification and repair of lock components.	
<b>Hardware:</b> application of lock systems, hardware identification and repair of hardware.	
<b>Oxyacetylene:</b> operates oxyacetylene welding equipment.	
<b>Automotive:</b> repair specific locking systems, open vehicle doors.	
<b>Hardware and Electrical Components:</b> install and repair.	
<b>Safes, Vaults and Depositories:</b> installation and repair.	
<b>Master Keying:</b> planning, coordination and execution of master key projects.	
<b>Total Hours</b>	

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)

<b>For Commission Use Only</b> <b>Time Assessed:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____ <span style="float: right;">(DD/MM/YY)</span>
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Revised Nov 28, 2023

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