

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

Parts Technician	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Occupational Skills: uses tools and equipment; organizes work; communicates with others	
Customer Service: services retail customers; services wholesale customers; services internal customers/technicians; provides general customer service and support	
Parts Acquisition: identifies parts; searches inventory for parts; sources parts	
Warehousing and Inventory: handles parts and materials; manages inventory; performs shipping/receiving duties	
Business Practices: promotes products and services; prices products; processes financial transactions	
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: _____ <div style="text-align: right;">(DD/MM/YY)</div>

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