

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 _____

Powerline Technician	
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	Trade Time Exposure In Hours
Type Of Work	
Common Occupational Skills: safety-related functions, tools and equipment, access work area, establish safe work environment, use live-line methods, communication and mentoring	
Structures: poles and steel lattice structures	
Conductor Systems: underground and overhead	
Auxiliary Equipment: lighting, voltage control and protection, metering and communication equipment	
Operation, Maintenance and Repair: operates, maintains and repairs distribution and transmission systems	
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 Oct 24/23