

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

Roofer	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Occupational Skills: performing safety related functions; maintaining and using tools and equipment; performing common work practices and procedures	
Roof Preparation: preparing roof for replacement; preparing deck for roof installation	
Low Slope Roofing and Flat Roofing: applying roofing components; applying membranes	
Steep Slope Roofing: applies shingles, tiles and pre-formed metal roofing; performing common steep slope practices	
Waterproofing and Damp-proofing: waterproofing surfaces; damp-proofing surfaces	
Roof Maintenance and Repair: assessing roof condition; maintaining and repairing roof	
Total Hours	

I Certify The Above Hours Are Accurate _____
 Date (DD/MM/YY) Apprenticeship/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)
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Revised May/22