

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

Semiautomatic Welding Production Operator	
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	Trade Time Exposure In Hours
Type of Work	
Occupational Skills: blueprints and drawings; lay out, preparation and fabrication of materials; equipment maintenance; basic rigging	
Quality Control: performing inspections to ensure conformity to specifications	
Cutting Processes: mechanical and power cutting tools; oxy-fuel cutting process; plasma arc cutting process	
Gouging Process: air carbon arc gouging	
Welding Processes: gas metal arc welding (GMAW); flux cored arc welding (FCAW)	
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 October/23