

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

Sprinkler Fitter	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Performs Common Occupational Skills: Performs safety related functions, uses and maintains tools and equipment, organizes work, commissions systems, uses communication and mentoring techniques.	
Installs Water Supply: Installs underground water supplies, installs fire pump units, installs fire department connections, installs private water supply systems.	
Installs Piping: Prepares pipe, tube and fittings for installation, installs pipe, tube and fittings, installs piping components.	
Installs and Lays out of Fire Protection Systems and Devices: Installs water-based systems, installs specialty fire suppression systems, installs detection devices, installs signal-initiating devices.	
Inspects, Tests and Maintains (ITM) Fire Protection Systems: Maintains and repairs fire protection systems, inspects and tests fire protection systems.	
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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