

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

Steamfitter/Pipefitter	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work	
Performs Common Occupational Skills: Performs safety-related functions; uses and maintains tools and equipment; organizes jobs	
Performs Layout, Fabrication and Piping Installation: Performs fabrication: lays out, identifies and installs piping, tubing, fittings and related components; installs, maintains, troubleshoots, repairs and tests valves and heat tracing systems	
Performs Rigging, Hoisting, Lifting and Positioning: Performs common and complex rigging, hoisting, lifting and positioning	
Installs, Tests, Maintains, Troubleshoots and Repairs Low and High Pressure Steam and Condensate Systems: Installs, tests, maintains, troubleshoots and repairs low and high pressure steam and condensate systems	
Installs, Tests, Maintains, Troubleshoots and Repairs Heating, Cooling and Process Piping Systems: Installs, tests, maintains, troubleshoots and repairs hydronic, process piping, industrial waste and water treatment, hydraulic, heating, ventilation, air conditioning, refrigeration, fuel, medical gas, compressed air, and pneumatic systems	
Installs, Tests, Maintains, Troubleshoots and Repairs Renewable Energy Systems: Installs, tests, maintains, troubleshoots and repairs geo-exchange and geothermal, solar heating, and heat recovery systems	
Performs Commissioning, start-up and Turnover: Prepares system for commissioning, start-up and turn over; commissions system	
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)
--------------------------------	-----------------------------	---------------------------	----------------------------------

Revised October/23