

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

Tilsetter	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; using and maintaining tools and equipment; organizing work	
Substrate Preparation: removing existing finishes; evaluating and preparing surface; installing specialty products	
Layouts: laying out work area; evaluating joints	
Material Preparation: inspecting materials; preparing material for installation; mixing materials	
Material Setting: installing tiles; installing stone slabs; pouring terrazzo mixture	
Finishing: finishing installed product; finishing terrazzo and stone	
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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