

# 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 \_\_\_\_\_

<b>Tower Crane Operator</b>					
Period of Employment _____		to _____			
(DD/MM/YY)		(DD/MM/YY)			
Make & Model Of Crane	Type of Machine (hydraulic, lattice boom, boom truck)	Size (Tonnage)	Operating Hours --- Seat Time	Maintenance Hours	Rigging Hours
<b>Sub-Totals</b>					

Operating Hours (Seat Time) + Maintenance Hours + Rigging Hours = Total of all sub-totals

<b>TOTAL OF ALL SUB-TOTALS</b>	
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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 Nov 15/22