

# 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 Journey person		
Address of Employer	City	Postal Code	Phone Number

<b>Welder</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ to _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work</b>	
<b>Common Occupational Skills:</b> maintaining tools and equipment; using access and material handling equipment; performing safety-related activities, organizing work, performing routine trade activities	
<b>Fabrication and Preparation of Components for Welding:</b> performing layout, fabricating components	
<b>Cutting and Gouging:</b> using tools and equipment for non-thermal cutting and grinding; using oxy-fuel gas cutting (OFC) process for cutting and gouging; using plasma arc cutting (PAC) process for cutting and gouging; using air carbon arc cutting (CAC-A) process for cutting and gouging	
<b>Welding Processes:</b> welding using gas tungsten arc welding (GTAW) process, welding using submerged arc welding (SAW) process	
<ul style="list-style-type: none"> <li>• welding using the shielded metal arc process - SMAW (Apprentices require a <u>minimum</u> of 600 hours in this work activity to qualify for certification) (Tradespersons require a <u>minimum</u> of 900 hours in this work activity to qualify for certification)</li> <li>• welding using a wire feed process - MCAW, FCAW or GMAW (Apprentices require a <u>minimum</u> of 600 hours in this work activity to qualify for certification) (Tradespersons require a <u>minimum</u> of 900 hours in this work activity to qualify for certification)</li> </ul>	
<b>Total Hours</b>	

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)

<b>For Commission Use Only</b> Time Assessed: _____ Approved By: _____ Date: _____ <div style="text-align: right;">(DD/MM/YY)</div>
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