

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

Bricklayer	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Performs common occupational skills: performing safety-related functions; using and maintaining tools and equipment; using scaffolding; organizing work, using communication and mentoring techniques.	
Performs general masonry practices: performing substrate preparation; performing fundamental masonry tasks; using mortars, grouts and adhesives.	
Builds masonry systems: building masonry walls; building horizontal masonry surfacers; building and installing prefabricated masonry units; installing surface-bonded masonry units.	
Builds natural stone systems: building natural stone walls; performing mechanically-fastened natural stone cladding procedures.	
Builds chimneys and fireplaces: building chimneys; building fireplaces.	
Installs refractories and corrosion resistant materials: installing and maintain refractories; installing and maintaining corrosion resistant materials.	
Performs restoration: rebuilding masonry work; repairing and cleaning existing masonry work.	
Performs additional masonry: installing glass blocks; installing ornamental and sculpted masonry; building arches	
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)	