

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

Metal Fabricator	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; maintains and uses tools and equipment; organizes work; performs quality assurance throughout the fabrication and assembly process; handles materials; uses communication and mentoring techniques	
Fabricates components: performs layout; cuts and forms materials	
Assembles components: fits and fastens sub-components and components; performs welding activities; completes projects	
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 July/24

1-877-363-0536
 apprenticeship@gov.sk.ca
 saskapprenticeship.ca

