

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 _____

Powerline Technician	
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	Trade Time Exposure In Hours
Type Of Work	
Common Occupational Skills: performs safety-related functions, uses and maintains tools and equipment, organizes work, accesses work area, use live-line methods, communication and mentoring	
Structures: installs pole structure and steel lattice structures	
Conductor Systems: installs overhead, underground and underwater conductors and cables	
Auxiliary Equipment: installs lighting systems, voltage control equipment and protection, metering and communication equipment	
Operation, Maintenance and Repair: operates, maintains and repairs distribution and transmission systems	
Total Hours	

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)

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