

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 |

| Painter and Decorator | Trade Time Exposure In Hours |
|--|-------------------------------------|
| Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY) | |
| Type of Work (please print) | |
| Performs Common Occupational Skills: performs safety-related functions, uses and maintains tools and equipment; performs routine trade practices, performs quality control assessments; uses communication and mentoring techniques | |
| Prepares Surfaces: performs general surface preparation; prepares wood surfaces for paints, coatings and wall coverings; prepares concrete and masonry surfaces; metal surfaces; plaster surfaces and drywall | |
| Prepares and Applies Residential, Institutional and Commercial Paints, Coatings and Finishes: prepares for the application of residential, institutional and commercial paints and coatings; applies residential, institutional and commercial paints and coatings; applies decorative/special finishes | |
| <ul style="list-style-type: none"> • Residential, institutional, commercial and industrial spray painting (maximum 1800 hours for apprentices) | |
| Prepares and Applies Wall Coverings: prepares for the application of wall coverings; applies wall coverings | |
| Prepares and Applies Wood Finishes: prepares for wood finishing applications; finishes wood surfaces | |
| Prepares and Applies Industrial Paints and Coatings: prepares for the application of industrial paints and coatings; applies industrial paints and coatings | |
| 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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1-877-363-0536
 apprenticeship@gov.sk.ca
 saskapprenticeship.ca

