

# 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

<b>Parts Technician</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> (please print)	
<b>Performs Common Occupational Skills:</b> performs safety-related functions; uses tools and equipment; organizes work; communicates with others	
<b>Performs Customer Service:</b> services retail customers; services wholesale customers; services internal customers; provides general customer service and support	
<b>Performs Parts Acquisition:</b> identifies parts; sources parts	
<b>Performs Warehousing and Inventory:</b> handles parts and materials; performs inventory control; performs shipping/receiving duties	
<b>Applies Business Practices:</b> promotes products and services; implements pricing formula; processes financial transactions	
<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> <b>Time Assessed:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____ <span style="float: right;">(DD/MM/YY)</span>
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