

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

Meat Cutter	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Occupational Skills: maintains sanitization standards; receives and stores meat/seafood; uses hand tools; uses power tools; uses power equipment	
Slaughtering: performs anti-mortem procedures; performs post-mortem procedures; performs cleaning procedures	
Meat Cutting: determines species; cuts carcass	
Processing: prepares fresh products; prepares cured/smoked ingredients; creates value-added products	
Marketing: controls costs; prepares merchandizing; serves client	
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)

Revised March 2025

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

