

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

Steamfitter/Pipefitter	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; organizes job; uses communication and mentoring techniques	
Performs layout, fabrication and piping installation: performs fabrication; lays out and installs piping, tubing, fittings and related components; installs, maintains, troubleshoots, repairs and tests valves and heat tracing systems	
Performs rigging, hoisting, lifting and positioning: performs common, complex and critical rigging, hoisting, lifting and positioning	
Installs, tests, maintains, troubleshoots and repairs low and high pressure steam and condensate systems: installs, tests, maintains, troubleshoots and repairs low and high pressure steam and condensate systems	
Installs, tests, maintains, troubleshoots and repairs heating, cooling and process piping systems: installs, tests, maintains, troubleshoots and repairs hydronic systems; process piping systems, industrial water and waste treatment systems; hydraulic systems; heating, ventilation, air conditioning and refrigeration (HVACR) systems; fuel systems; medical gas systems; compressed air and pneumatic systems	
Installs, tests, maintains, troubleshoots and repairs renewable energy systems: installs, tests, maintains, troubleshoots and repairs geo-exchange and geothermal systems; solar heating systems; and heat recovery systems	
Performs commissioning, start-up and turnover: prepares system for commissioning, start-up and turnover; commissions systems	
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 Apr 2025

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