

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

Tower Crane Operator

Period of Employment

to

(DD/MM/YY)

(DD/MM/YY)

Make & Model of Crane	Type of Machine	Size (Tonnage)	Operating Hours --- Seat Time	Maintenance Hours	Rigging Hours
Sub-Totals					

Operating Hours (Seat Time) + Maintenance Hours + Rigging Hours = Total of All Sub-Totals

TOTAL OF ALL SUB-TOTALS

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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