

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

Automotive Service Technician		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 tools, equipment and documentation, Uses communication and mentoring techniques		
Diagnoses and Repairs Engine and Engine Support Systems: Diagnose engine systems, Repair engine systems, Diagnoses gasoline engine support systems, Repairs gasoline engine support systems, Diagnoses diesel engine support systems, Repairs diesel engine support systems		
Diagnoses and Repairs Vehicle Module Communications Systems: Diagnoses vehicle networking systems, Repairs vehicle networking systems		
Diagnoses and Repairs Driveline Systems: Diagnoses driveline systems, Repairs driveline systems		
Diagnoses and Repairs Electrical and Comfort Control Systems: Diagnoses electrical systems and components, Repairs electrical systems and components, Diagnoses heating, ventilation and air conditioning (HVAC) and comfort control systems, Repairs HVAC and comfort control systems		
Diagnoses and Repairs Steering, Suspension, Braking and Control Systems, Tires, Hubs and Wheel Bearings: Diagnoses steering, suspension, braking and control systems, tires, wheels, hubs, and wheel bearings, Repairs steering, suspension, braking and control systems, tires, wheels, hubs and wheel bearings		
Diagnoses and Repairs Restraint Systems, Body Components, Accessories and Trim: Diagnoses restraint systems, body components, accessories and trim, Repairs restraint systems, body components, accessories and trim		
Diagnoses and Repairs Hybrid and Electric Vehicle (EV) systems: Diagnoses hybrid and electric vehicle (EV) systems, Repairs hybrid and electric vehicle (EV) systems		
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 January 2026