

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)
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Revised January 2026