

# 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 \_\_\_\_\_

<b>Welder</b>	<b>Trade Time Exposure In Hours</b>
<b>Period of Employment</b> _____ <b>to</b> _____ (DD/MM/YY) (DD/MM/YY)	
<b>Type of Work (please print)</b>	
<b>Performs Common Occupational Skills:</b> maintains tools and equipment; uses access and material handling equipment; performs safety-related activities; organizes work; performs routine trade activities; uses communication and mentoring techniques	
<b>Performs Layout and Fabrication of Components for Welding:</b> performs layout; fabricates components	
<b>Performs Cutting and Gouging:</b> uses tools and equipment for non-thermal cutting and grinding; uses oxy-fuel gas cutting (OFC) process for cutting and gouging; uses plasma arc cutting (PAC) process for cutting and gouging; uses air carbon arc cutting (CAC-A) process for cutting and gouging	
<b>Performs Welding Processes:</b> welds using gas tungsten arc welding (GTAW) process; welds using submerged arc welding (SAW) process	
<ul style="list-style-type: none"> <li>• welds using the shielded metal arc welding (SMAW) process (Apprentices require a <u>minimum</u> of 600 hours in this work activity to qualify for certification) (Tradespersons require a <u>minimum</u> of 900 hours in this work activity to qualify for certification)</li> <li>• welds using flux cored arc welding (FCAW), metal cored arc welding (MCAW) and gas metal arc welding (GMAW) processes (Apprentices require a <u>minimum</u> of 600 hours in this work activity to qualify for certification) (Tradespersons require a <u>minimum</u> of 900 hours in this work activity to qualify for certification)</li> </ul>	
<b>Total Hours</b>	

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)

<b>For Commission Use Only</b> <b>Time Assessed:</b> _____ <b>Approved By:</b> _____ <b>Date:</b> _____ <span style="float: right;">(DD/MM/YY)</span>
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Revised February 2026