

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

Recreation Vehicle Service Technician	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Common Occupational Skills: Performs safety-related activities; uses & maintains tools & equipment; performs common work practices & procedures; uses communication & mentoring techniques.	
Plumbing Systems: Diagnoses plumbing systems; services potable water systems; services waste water systems.	
Electrical Systems: Diagnoses electrical systems; services AC electrical system; services DC electrical system, services generators.	
Liquid Propane (LP) Gas Systems: Diagnoses LP gas systems; services LP gas systems.	
Appliances & Consumer Products: Diagnoses appliances; services water heaters; services furnaces; services cooktops & ranges; services refrigerators & ice makers; services air conditioners & heat pumps; services consumer products.	
Interior & Exterior Components: Diagnoses interior & exterior components; services interior components; services exterior components.	
Frames & Mechanical Components: Diagnoses frames & mechanical components; services frames; services running gear; services levelling systems; services slide-out systems; services lifting systems.	
Towing Systems: Diagnoses towing systems; services tow vehicle systems; services towed vehicle 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)
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