

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

Scaffolder (subtrade)	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Uses and Maintains Tools and Equipment: uses and maintains hand, power and pneumatic tools; stationary tools; layout equipment; material handling equipment; rigging and hoisting equipment.	
Performs Safety Related Activities: uses personal protective equipment (PPE) and safety equipment; maintains safe and hygienic work environment.	
Uses Building Materials: uses fasteners, adhesives and connectors; uses structural and non-structural materials.	
Interprets Construction Documents: interprets engineered drawings and specifications; interprets codes, regulations and standards; estimates materials; schedules work sequence.	
Performs Project Related Skills: performs site layout; checks base conditions; uses communication techniques.	
Access Structures: lays out, assembles, maintains and dismantles access structures.	
Lays out, assembles, maintains and dismantles tube and clamp scaffolding.	
Hoarding and Shelters: assembles, maintains and dismantles hoarding and shelters.	
Shoring/Falsework: lays out, assembles, maintains and dismantles shoring/falsework.	
Support Structures: lays out, assembles, maintains and dismantles support structures.	
Structurally fixed work platforms: lays out, assembles, and maintains structurally fixed work platforms; dismantles miscellaneous equipment.	
Hung wire and rope or chain work platforms: lays out, assembles, and maintains hung wire and rope or chain work platforms; dismantles miscellaneous equipment.	
Specialized Safety Equipment: lays out, assembles, maintains and dismantles specialized safety structures.	
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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Updated March 2026