

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 Journey person	
Address of Employer	City	Postal Code	Phone Number

Refrigeration and Air Conditioning Mechanic	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Perform Common Occupational Skills: maintains safe and healthy workplace, maintains continuous learning, uses communication and mentoring techniques	
Perform Routine Trade Activities: uses tools and equipment, organizes work, performs work site preparation, performs trade-specific activities	
Plans Installation: plans installation of standard and high efficiency HVAC/R systems, and control systems, plans retrofits	
Performs Installation: installs HVAC/R systems, and control systems	
Performs Commissioning: commissions new and retrofitted HVAC/R and control system components, verifies system performance	
Performs Maintenance and Service: maintains and services HVAC/R systems, and control 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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