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 _____

Barber **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY)	**Trade Time Exposure In Hours**
Type of Work (please print)	
Performs common occupational skills: performs safety-related and hygienic functions; uses tools and equipment; prepares for client services; uses communication and mentoring techniques.	
Performs hair and scalp care: analyzes and responds to hair and scalp conditions; shampoos and conditions hair and scalp.	
Cuts hair: cuts diverse textures of hair using cutting tools; cuts facial and nape hair.	
Styles hair: prepares and styles wet hair; styles and finishes dry hair.	
Alters hair colour: colours hair; lightens hair.	
Performs salon operations: performs front desk responsibilities; establishes business fundamentals.	
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)**

Revised October 2026

1-877-363-0536
apprenticeship@gov.sk.ca
saskapprenticeship.ca

Saskatchewan Apprenticeship and Trade Certification Commission