Form 6A
Verification of on the Job Experience

PLEASE PRINT CLEARLY

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 _____

Appliance Service Technician **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY) **Type of Work** (please print)	**Trade Time Exposure In Hours**
Occupational Skills: performs safety-related functions; uses and maintains tools and equipment; organizes work; prepares for installation; removes and installs appliances	
Electrical and Electronic Systems: diagnoses electrical and electronic components; repairs electrical and electronic systems	
Mechanical Systems: diagnoses drive systems; repairs drive systems; services cabinets and consoles; diagnoses suspension systems; repairs suspension systems	
Water Systems: diagnoses water systems; repairs water systems	
Air Systems: diagnoses forced air systems; repairs forced air systems; services static air systems	
Refrigeration Sealed Systems: diagnoses refrigeration sealed systems; recovers refrigerant; repairs refrigeration sealed systems	
Gas Systems (not common core): diagnoses gas system components and supply; Repairs gas system components	
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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Saskatchewan Apprenticeship and Trade Certification Commission