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 _____

Architectural Sheet Metal Worker **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY)	**Trade Time Exposure In Hours**
Type of Work (please print)	
Performs Occupational Skills: performs safety-related functions; uses and maintains tools and equipment; organizes work; uses communication and mentoring techniques	
Performs Fabrication: performs pattern development; fabricates flashing, roofing, sheeting, and cladding; fabricates specialty products	
Installs Roofing and Specialty Products: installs metal roofing and cladding/siding systems; installs exterior components; installs specialty products	
Performs Restoration and Repair: restores, and repairs	
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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1-877-363-0536
apprenticeship@gov.sk.ca
saskapprenticeship.ca

Saskatchewan Apprenticeship and Trade Certification Commission