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 _____

Field Heat Treatment Technician **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY) **Type of Work** (please print)	**Occupation Time Exposure In Hours**
Heat Treatment Occupational Skills: heat treatment principles; affect of heat on materials; communication; documents and codes; transportation and rigging; insulation; site safety and job safety; tools	
Field Heat Treatment: locate and prepare site; set up equipment controls and instrumentation; set up heat treatment (HT) machines; set up thermocouple control systems; set up heat treatment using combustible fuels; heat treatment applications	
Heat Treatment Process Verification: codes and customer specifications; heat treatment troubleshooting; troubleshooting connections; troubleshooting site related problems; troubleshooting material related problems	
Job Management: plan and organize jobs; run job on site	
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