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 _____

Gas Licensing **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY)	**Trade Time Exposure In Hours**
Type of Work (please print)	
Rough-in: sizing piping and tubing; pipe and tube jointing, supporting, installing and pressure testing; verification tagging	
Installation of appliances: placing, hanging and supporting according to prints, specs, codes and manufacturer's specifications; gas connections	
Venting: calculating combustion air requirements; sizing, hanging and supporting according to code and manufacturer's specifications	
Start-up procedures: leak testing; test-fire procedures (pressure, venting, temperature rise, limit devices, etc.); explanation of operating procedures to end users	
Servicing: general and scheduled maintenance; trouble-shooting; inspection of combustion air and venting systems; confirmation of appliance system operations including components such as combustion chamber and limit devices	
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