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 _____

Tool and Die Maker **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY) **Type of Work** (please print)	**Trade Time Exposure In Hours**
Performs Common Occupational Skills: performs safety-related functions; maintains machine tools, accessories and cutting tools; organizes work; performs benchwork; uses communication and mentoring techniques	
Operates Machine-tools: operates powers saws; operates drill presses; operates conventional lathes; operates conventional milling machines; operates grinding machines; operates computer numerical control (CNC) machines; operates electrical discharge machines (EDM)	
Performs Heat Treatment: heat treats materials; tests heat treated materials	
Performs Design and Development of Prototypes and Production Tools: performs production tool design; develops prototypes; fits and assembles production tools; proves out production tools; repairs and maintains production tools	
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