



Saskatchewan
Apprenticeship and
Trade Certification
Commission

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FORM 6A

Verification of On The Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson _____ Social Insurance Number _____

Current Address _____ City _____ Postal Code _____ Phone Number _____

Employer (Firm Name) _____ Name and Certificate Number of Supervising Journeyman _____

Address of Employer _____ City _____ Postal Code _____ Phone Number _____

Sheet Metal Worker		Trade Time Exposure In Hours
Period of employment _____ to _____ (DD/MM/YY) (DD/MM/YY)		
Type of Work (please print)		
Occupational Skills: ability to use tools and equipment and organize work		
Sheet Metal Fabrication: ability to perform pattern development, fabricate sheet metal components for air and material handling systems; fabricate roofing, sheeting, cladding and specialty products		
Air and Material Handling System Installation: ability to install chimneys, breeching and venting; install air and material handling system sheet metal components; install air handling system components and perform testing adjusting and balancing		
Roofing, Architectural Metal and Specialty Product Installation: ability to install metal roofing and cladding systems; install exterior components and install specialty products		
Maintenance and Repair: ability to perform scheduled maintenance and repair faulty systems and 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)