



2140 Hamilton Street
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Form 6A Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson		PSE#	
Current Address	City	Postal Code	Phone Number
Employer (Firm Name)		Name and Certificate Number of Supervising Journeyerson	
Address of Employer	City	Postal Code	Phone Number

Construction Electrician	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work (please print)	
Performs Common Occupational Skills: safety related functions, tools and equipment, work organization, support components, commission and decommission, communication and mentoring	
Installs, Services and Maintains Generating, Distribution and Service Systems: consumer/supply services and metering equipment, protection devices, distribution equipment, power conditioning, UPS, surge suppression, bonding and grounding, power generation, renewable energy, high voltage, transformers	
Installs, Services and Maintains Wiring Systems: raceways, cables, enclosures, branch circuitry, HVAC systems, electric heating systems, exit and emergency lighting systems, cathodic protection systems	
Installs, Services and Maintains Motors and Control Systems: motor starters and controls, drives, motors; install, program and service automated control systems	
Installs, Services and Maintains Signalling and Communication Systems: signalling systems, communication systems, integrated control systems	
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)
