Saskatchewan Apprenticeship and Trade Certification Commission

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ATCAssessment@gov.sk.ca

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 Journeyperson _____

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

Truck and Transport Mechanic **Period of Employment** _____ (DD/MM/YY) **to** _____ (DD/MM/YY)	**Trade Time Exposure In Hours**
Type of Work (please print)	
Common Occupational Skills: maintains tools and equipment, organizes work, and performs routine trade activities	
Engine and Supporting Systems: diagnoses and services engine and supporting systems	
Air Systems and Brakes: diagnoses and services air systems and brakes	
Electrical and Electronic Systems: diagnoses and services electrical systems, diagnoses and services electronic systems	
Drive Train: diagnoses and services drive train components	
Steering, Chassis/Frames, Suspension, Wheels, Hubs and Tires: diagnoses and services steering system, chassis/frames, suspension, wheels, hubs and tires	
Cab: diagnoses and services cab components	
Trailers: diagnoses and services trailer components	
Climate Control: diagnoses and services climate control systems	
Hydraulic Systems: diagnoses and services hydraulic 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)**