



Saskatchewan  
Apprenticeship and  
Trade Certification  
Commission

2140 Hamilton Street  
Regina, Saskatchewan  
S4P 2E3

Tel (306) 787-2444  
Toll Free 1-877-363-0536  
Fax (306) 787-5105

# FORM 6A Verification of On The Job Training

Immigration applicants and temporary workers do not have to complete this area.

PLEASE PRINT CLEARLY

This area can be completed with ONLY Journey person name.

This area will be discussed during the "contact of verification process" (see Employer Signature area).

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name and Certificate Number of Supervising Journey person

\_\_\_\_\_  
Address of Employer

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number

## Construction Electrician

Period of Employment \_\_\_\_\_ to \_\_\_\_\_  
(DD/MM/YY) (DD/MM/YY)

Period of Employment must be completed for each employer "Start date" to "End date".

Trade Time  
Exposure  
In Hours

Type of Work (please print)

**Common Occupational Skills:** perform safety-related functions; uses and maintains tools and equipment; and installs support components, commissions and de-commission electrical systems.

**Systems, Distribution and Control:** wire entrance and distribution systems; power generation equipment; bonding systems; high voltage systems; power generation

**Wiring Methods:** in accordance with applicable codes and standards; trench circuitry; heating ventilation and cooling (HVAC) systems; and emergency lighting systems

**Motors and Control Systems:** installs motors; motor controls and protection

**Signalling and Communication Systems:** installs signalling systems; communication systems; and integrated control systems

Employer signature area must be completed by each employer.

- International must also have a letter of verification
- Self-employed:
  - Have this area signed by a commissioner for oaths.
  - Business license for employment period submitted.

Please note each employer is contacted for verification of dates, hours, and tasks performed.

\_\_\_\_\_  
: upgrades, services and maintains electrical

**Total Hours**

\_\_\_\_\_  
Apprentice/Tradesperson (signature)

\_\_\_\_\_  
Date (DD/MM/YY) Employer Representative (signature)

\_\_\_\_\_  
Employer Representative (print name clearly)

### For Commission Use Only

Time Assessed: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD/MM/YY)