

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 Journeyman _____

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

Bricklayer	Trade Time Exposure In Hours
Period of Employment _____ to _____ (DD/MM/YY) (DD/MM/YY)	
Type of Work	
Common Occupational Skills: performs safety-related functions; uses and maintains tools and equipment; uses scaffolding; organizes work	
General Masonry Practices: performs substrate preparation; performs fundamental masonry tasks; uses mortars, grouts and adhesives	
Masonry Systems: Builds masonry walls; builds horizontal masonry surfaces; builds and installs prefabricated masonry units; installs surface-bonded masonry units	
Natural Stone Systems: builds stone walls; installs natural stone cladding	
Chimneys and Fireplaces: builds chimneys, builds fireplaces.	
Refractories and Corrosion Resistant Materials: installs and maintains refractories; installs and maintains corrosion resistant materials	
Restoration: rebuilds masonry work; repairs and cleans existing masonry work.	
Additional Masonry: installs glass blocks; installs ornamental and sculpted masonry; builds arches	
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)
