Form 6A Verification of on the Job Experience

PLEASE PRINT CLEARLY

Apprentice/Tradesperson		F	 PSE #		
PF					
Current Address	City		Postal Code	Phone	e Number
Employer (Firm Name)		Name an	d Certificate Numbe	er of Superv	rising Journeyperson
Address of Employer	City		Postal Code	Phone	e Number
Instrumentation and Contr	ol Technician				
Period of Employment to					Trade Time
(DD/MM	(DD/MM/YY) (DD/MM/YY)				Exposure In
Type of Work (please print)					Hours
Occupational Skills: safety-related functions, organizes work; performs routine trade activities					
Process Measuring and Indicating Devices: Installs and services pressure, temperature, level and flow devices; installs and services motion, speed, position and vibration devices; installs and services mass, density and consistency devices; installs and services process analyzers; installs and services multiple variable computing devices. Safety and Security Systems and Devices: Installs and services safety systems and devices; installs and services safety instrumented systems Hydraulic, Pneumatic and Electrical Systems: Installs and services control devices for hydraulic systems; installs and services pneumatic equipment; installs and services electrical and electronic equipment. Final Control Devices: Installs and services valves; installs and services actuators; installs and services Communications Systems and Devices: Installs and services control network systems; installs and services signal converters; installs and services gateways, bridges and media converters. Control Systems and Process Control: Establishes and optimizes process control strategies; installs and services stand-alone controllers (SACs); installs and services programmable logic controllers (PLCs); installs and services distributed control systems (DCSs); installs and services human machine interfaces (HMIs); installs and services Supervisory Control and Data Acquisition (SCADA) systems.					
			Total	Hours	
I Certify The Above Hours Are Accurate	Date (DD/MM/YY)		Apprentice/Tradespe	erson (signati	ıre)
I Certify The Above Hours Are Accurate	Date (DD/MM/YY)	 .	Employer Representative (signature)		
		Employer Representative (print n			ame clearly)
For Commission Use Only Time Assessed:	_Approved By:		Da	te:	(DD/MM/YY)

Dec 13/22

