

1. IDENTIFICATION

| | | |
|-----------|------------|-------------------|
| Last name | First name | CCQ client number |
|-----------|------------|-------------------|

2. INFORMATION

Please give us a detailed description of the tasks or functions that you performed before you stopped working.

Are you right-handed or left-handed? Right-handed Left-handed

Trade or occupation performed (Specify if you are a foreman)

Type of construction site

Address of construction site

| | |
|-----|--------|
| No. | Street |
|-----|--------|

| | | |
|------|----------|-------------|
| City | Province | Postal code |
|------|----------|-------------|

Please list and give details for each task performed and supply the percentage (%) of your time devoted to each

| Task performed | Percentage (%) |
|----------------|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

3. SIGNATURE

| | |
|-----------|-------------------|
| Signature | Date (YYYY-MM-DD) |
|-----------|-------------------|

Please send this form to the following address:

Commission de la construction du Québec
 Section assurance invalidité
 Case postale 2515
 Succursale Chabanel
 Montréal (Québec) H2N 0C7