

1. IDENTIFICATION

Last name	First name	CCQ client number
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2. INFORMATION

To complete your file, please send us the following information:

Your education

(Give the last year completed or the diploma obtained – secondary, college, university)

Your vocational training

(Give the diploma(s) of vocational studies obtained and the upgrading courses taken)

Your work experience

(Give your work experience [types of jobs held and the period], even that not related to the construction industry)

3. SIGNATURE

Signature	Date (YYYY-MM-DD)
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Please return this document to the following address:

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