

The sections and fields marked with an asterisk (\*) must be filled in.

## 1. INFORMATION ON THE COMPANY\*

Commission de la construction du Québec (CCQ) employer no.*
Company name* (for any change regarding the company name, please contact Customer Services)

## 2. CHANGE OF ADDRESS

Physical address of the head office of the legal person (corporation), partnership, or sole proprietorship.  
**IMPORTANT:** This address must never be a post-office box.

No.	Street	Apartment or suite no.
City	Province	Postal code
Main phone no.	Fax no.	
Cell phone no.	Email	
If the mailing address is different, fill in the section below		
No.	Street	Apartment or suite no.
P.O. box	City	Province
		Postal code

## 3. PERSON RESPONSIBLE

The person responsible is the person identified by the company to facilitate exchanges with the CCQ. This person will be authorized to obtain information and conduct certain transactions concerning your company's file.

<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Withdrawal
Last name of the person responsible for your file		First name of the person responsible for your file

## 4. CHANGE OF ADDRESS OF ACCOUNTANT OR REGISTRATION OF AN ACCOUNTANT

<input type="checkbox"/> Check here if no accountant is assigned to your file.	Auditing of the books (site where the registers and payroll can be examined)*	<input type="checkbox"/> Accountant	<input type="checkbox"/> Employer
Name of the accounting firm			
Last name of the person responsible for your file		First name of the person responsible for your file	
No.	Street	Apartment or suite no.	
P.O. Box	City	Province	Postal code
Accountant's phone no.		Accountant's fax no.	

## 5. UPDATE OF BUSINESS STATUS

<input type="checkbox"/> Going out of business (cessation of your activities)	Date of cessation (YYYY-MM-DD)
<input type="checkbox"/> Returning to business (starting up your activities again)	Date of start-up (YYYY-MM-DD)

## 6. SIGNATURE\*

Last name of an administrator, a partner, or the owner of the sole proprietorship*	First name of an administrator, a partner, or the owner of the sole proprietorship*
Signature of an administrator, a partner, or the owner of the sole proprietorship*	In witness whereof, I signed on (YYYY-MM-DD)

To reach Customer Services: 1 877 973-5383

Please return this form to the regional office in your region.

**Abitibi-Témiscamingue**

518 Rue Giguère  
Val-d'Or, Québec J9P 6M4  
Fax: 819 825-2192

**Bas-Saint-Laurent-Gaspésie**

188 Rue des Gouverneurs  
Rimouski, Québec G5L 8G1  
Fax: 418 725-3182

**Côte-Nord**

598 Boulevard Laure, Suite 112  
Sept-Îles, Québec G4R 1X7  
Fax: 418 962-7321

**Estrie**

2700 Rue Galt Ouest  
Sherbrooke, Québec J1K 2V8  
Fax: 819 565-5023

**Mauricie-Bois-Francs**

225 Rue des Forges, Suite 100  
Trois-Rivières, Québec G9A 2G7  
Fax: 819 693-5625

**Montréal**

1201 Boulevard Crémazie Est  
Montréal, Québec H2M 0A6  
Fax: 514 341-4025

**Outaouais**

225 Montée Paiement  
Gatineau, Québec J8P 6M7  
Fax: 819 243-6018

**Québec City**

700 Boulevard Lebourgneuf, Ground Floor  
Québec City, Québec G2J 1E2  
Fax: 418 623-9234

**Saguenay-Lac-Saint-Jean**

1299 Rue des Champs-Élysées, Suite 101  
Saguenay, Québec G7H 6P3  
Fax: 418 698-4715