

IMPORTANT

Consult the last page of the form for instructions on how to fill out this form.

Fields marked with an asterisk (*) must be filled in.

1. IDENTIFICATION OF THE APPLICANT

CCQ client no. or social insurance no.*				
Last name*		First name*		
Primary telephone number*		Other telephone number		
No.*	Street*	Suite or unit no.	P.O. Box	
City*	Province*	Country*	Postal code*	
Trade, specialty, or shared activity for which you want your file analyzed*				
Personal information (if you do not have a file with the CCQ)				
Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (YYYY-MM-DD)*		
Height in metres or feet*	Eye colour*	<input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black		

2. DETAILS CONCERNING APPLICATIONS FOR ELIGIBILITY FOR THE EXAM AND/OR APPRENTICESHIP CLASSIFICATION

For detailed information about the process of having hours recognized, please visit www.ccq.org/reconnaissance.

Please note that all work hours declared to the CCQ in the monthly report are taken into account to determine your experience in the trade or specialty covered by your application.

To have work experience hours recognized, you must provide copies of all the following documents:

1. The form, duly filled out, with completion of one or more work hours sheets, with information on the types of construction site where you performed the tasks related to your trade or specialty. You must also give the information requested for each contract for which you are claiming hours;
2. For each year requested:
 - The detailed notice of assessment issued by the Canada Revenue Agency,
 - or
 - For sole proprietorships: the provincial tax return, including company revenues, and the provincial notice of assessment,
 - For shareholders, company administrators, or partners in a company: the provincial corporation income tax return (CO-17) and provincial notice of assessment;
3. For each contract, documentation that demonstrates execution of the work (e.g., invoice, signed contract, letter from work provider).

You must provide photocopies. If you provide original documents, they will not be returned to you.

If the document is written in a language other than French, please provide that document and attach a professional translation into French. You may send an English-language version only if you are eligible for exemptions provided by the Charte de la langue française. For more information, visit the website of the Office québécois de la langue française, www.oqlf.gouv.qc.ca.

The CCQ reserves the right to request any supplementary document deemed relevant. Note, however, that it is your responsibility to provide sufficiently precise documentation and that it is not up to the CCQ to take steps aimed at completing the information that you provide to it.

IDENTIFICATION OF THE APPLICANT

Please write your information again so that we can identify you for the next part of this form.

CCQ client no. or social insurance no.*

Last name*

First name*

3. RECOGNITION OF TRAINING

Training credits

☐ I have completed a study program in an educational institution recognized in Québec. I am providing my permanent code so that the CCQ can validate my academic record.

Permanent code¹

You will be granted training credits based on your academic record, if you successfully completed a training program relevant to your trade or specialty. (No supporting documents needed.)

☐ I successfully completed one or several CCQ upgrading activities. I would like them to be recognized in my apprenticeship.

Hours of training

☐ If wish to have vocational training hours recognized for the trade covered in this application, please fill out one or more training hours sheets (on the last page of this form) and provide the required supporting documents described on the sheet.

¹ The permanent code (consisting of four letters followed by eight digits) appears on transcripts, diplomas, and other documents issued by the Ministère de l'Éducation and on various documents issued by educational institutions.

4. CONSENT OF THE APPLICANT

I understand that the recognition of hours obtained following the present application for an apprentice competency certificate is irreversible and could have an impact on my apprenticeship classification, my admission to the qualification examination and on my wage rate.

Please check one of the following boxes*:

☐ Yes, I want the recognized hours to be added to my apprenticeship record book.

☐ No, I want only to verify my eligibility for the qualification examination and I do not want to add the recognized hours to my apprenticeship record book.

Note that if you hold an exemption, you do not have an apprenticeship record book and you can only verify your eligibility for the qualification examination.

Applicant's signature*

Date (YYYY-MM-DD)

5. APPLICANT'S AUTHORIZATION

I declare that all information given above is accurate. I authorize the Commission de la construction du Québec (CCQ) to verify the authenticity of my declarations and the validity of the documents submitted with the organizations concerned, as well as the validity of my academic records with the Ministère de l'Éducation, for the purpose of analysis for issuance of a competency certificate, an exemption from holding a competency certificate, or a registration certificate; for admission to the qualification examination; for recognition of apprenticeship hours; for recognition of vocational qualification; or for admission to a training activity pursuant to the Fonds de formation des salariés de l'industrie de la construction. For these purposes, I expressly consent that the organizations concerned may transmit to the CCQ copies of the documents that I have supplied in support of my application.

I understand that making a false declaration, falsification of a document, or use of any falsified document to obtain a competency certificate, an exemption from holding a competency certificate, a registration certificate, a measure to benefit diversity of the workforce, for admission to the qualification examination and/or for my apprenticeship classification constitutes an infraction that may lead to its cancellation as well as criminal prosecution under section 119.1 or 122 (4) of *Act respecting labour relations, vocational training and workforce management in the construction industry* (CQLR, chap. 20).

The present authorization or a copy of it will be valid as long as analysis of my application lasts or as long as I hold a valid competency certificate, exemption, or registration certificate issued or renewed by the CCQ.

Applicant's signature*

Date (YYYY-MM-DD)

Please return this form with supporting documents, if applicable, to the following address:

Commission de la construction du Québec
Comité d'étude – Dossier employeur
Case postale 2010, succursale Chabanel
Montréal (Québec) H2N 0C3

Or

By email to: qualification@ccq.org

WORK HOURS SHEET – EMPLOYER

Fill out as many sheets as needed to show all work hours that you want to have recognized.

Fields marked with an asterisk (*) must be filled out.

1. IDENTIFICATION OF THE APPLICANT

CCQ client no. or social insurance no.*	Trade or specialty for which you want hours recognized
Last name*	First name*

2. COMPANY IDENTIFICATION

Company name		CCQ employer no. (if available)	
Primary telephone no.		Name and position of the person responsible at the company	
No.	Street	Suite or unit no.	P.O. Box
City	Province	Country	Postal code

3. DESCRIPTION OF TYPES OF CONSTRUCTION SITE

The hours recognized must have been worked on a site not subject to Act R-20 (either inside or outside Québec). You must record all types of sites related to hours worked on the sheet. A short description is recommended (e.g., housing renovation, construction of sidewalks for a municipality, repairs to employer's buildings, factory, industrial construction in a province other than Québec).

<input type="checkbox"/> Residential	Specify the type of building and the nature of the work: _____
<input type="checkbox"/> Institutional and commercial	Specify: _____
<input type="checkbox"/> Industrial	Specify: _____
<input type="checkbox"/> Civil engineering and roads	Specify: _____
<input type="checkbox"/> Other	Specify: _____

4. DESCRIPTION OF TASKS

Describe the tasks performed on the sites and the percentage of hours dedicated to each task (total of 100%). The detailed tasks for each trade or specialty are defined in Schedule A of the *Regulation respecting vocational training of the workforce in the construction industry*, chap. R-20, r. 8.

Detailed description of the task	Percentage of hours dedicated to this task
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If you used machinery to perform these tasks, please provide the brand, the model, and, if applicable, the lifting capacity of the machinery used:

IDENTIFICATION OF THE APPLICANT

Please write your information again so that we can identify you for the next part of this form.

CCQ client no. or social insurance no.*	Last name*	First name*
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5. CONTRACTS FOR WHICH THE ABOVE TASKS WERE PERFORMED

You must attach a supporting document associated with each contract mentioned on this sheet (e.g., invoice, signed contract, letter from work provider).

[illegible]

6. APPLICANT'S SIGNATURE

I declare that all information given above is accurate. I understand that making a false declaration, falsification of a document, or use of any falsified document to obtain a competency certificate, an exemption from holding a competency certificate, a registration certificate, a measure to benefit diversity of the workforce, for admission to the qualification examination and/or for my apprenticeship classification constitutes an infraction that may lead to its cancellation as well as criminal prosecution under section 119.1 or 122 (4) of *Act respecting labour relations, vocational training and workforce management in the construction industry* (CQLR, chap. 20).

Applicant's signature* _____ Date (YYYY-MM-DD) _____

TRAINING HOURS SHEET

Fill out as many sheets as necessary to demonstrate all of the training hours that you would like to have recognized.

Fields marked with an asterisk (*) must be filled out.

1. IDENTIFICATION OF THE APPLICANT

Please write in your information again so we can identify you for the next part of this form.

CCQ client no. or social insurance no.*	Last name*	First name*
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2. PROOFS REQUIRED

For each training course, please attach proof that contains the following elements and fill out an identification sheet below:

- Description of the training received from a competent authority or one delegated by it (e.g., website page, leaflet, brochure);
- Proof of hours of vocational training performed (with date of completion that shows hours of training, such as a report card, transcript, or certificate);

If the document is written in a language other than French, please provide that document and attach a professional translation into French. You may transmit an English-language version only if you are eligible for exemptions provided by the Charte de la langue française. For more information, visit the website of the Office québécois de la langue française, at www.oqlf.gouv.qc.ca.

3. IDENTIFICATION OF THE TRAINING

Title of the training course*	Organization providing the training*
Total number of hours of training related to the trade covered by the application*	
For this training, provide details of each skill acquired and the number of hours devoted to this skill.	
Skill	Number of hours of training for this skill
Skill	Number of hours of training for this skill
Skill	Number of hours of training for this skill
Skill	Number of hours of training for this skill

4. APPLICANT'S SIGNATURE

I declare that all information given above is accurate. I understand that making a false declaration, falsification of a document, or use of any falsified document to obtain a competency certificate, an exemption from holding a competency certificate, a registration certificate, a measure to benefit diversity of the workforce, for admission to the qualification examination and/or for my apprenticeship classification constitutes an infraction that may lead to its cancellation as well as criminal prosecution under section 119.1 or 122 (4) of *Act respecting labour relations, vocational training and workforce management in the construction industry* (CQLR, chap. 20).

Applicant's signature*	Date (YYYY-MM-DD)
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HOW TO FILL OUT THE APPLICATION FOR RECOGNITION OF HOURS

1. Required to present the application for recognition of work hours

- Fill out the identification section (section 1);
- Read section 2 carefully;
- Fill out the training recognition section (section 3) if you want to have a training program recognized by the Ministère de l'Éducation or by the CCQ or hours in vocational training courses;
- Carefully read the box with information on classification in the apprenticeship period and sign section 4, Consent of the Applicant;
- Sign the form (section 5) Applicant's Declaration and Authorization;
- Fill out one or more **work hours sheets** with the tasks performed related to your trade or specialty. In addition, provide the information requested for each of the contracts for which you are claiming hours, specifying the type of site or building. **Be as specific as possible**;
- Provide proof for each of the years requested, according to your situation: detailed notice of assessment issued by the Canada Revenue Agency or the provincial income tax return including company income and the provincial notice of assessment or the corporation income tax return (CO-17) and the provincial notice of assessment;
- Fill out the **training hours sheet** to demonstrate that you have acquired skills related to the trade. Please list which skills have been developed during training;
- For each training course that you would like to have recognized, provide proof of training course hours. To be recognized, the training hours must have been taken from a competent authority or from an entity delegated by that authority.

2. Sending your application

To submit your application, please send the form and the supporting documents, if applicable, by mail to the address given on page 2 of the form, to one of CCQ's regional offices, or via the online services. To see the addresses of our regional offices, visit ccq.org.