

# REQUEST FOR RECOGNITION OF HOURS OR ELIGIBILITY

## TRAINING OR WORK EXPERIENCE EMPLOYER OR SELF-EMPLOYED WORKER

journeyman status (the					ial qualification exam that leads to n de la construction du Québec [CCQ])
required to hold an app	ether I am eligible to take prentice competency certi			leads to jourr	neyman status (the candidate is not
OR					
I want to verify whethe OR	r I am eligible for the integ	gration exam (pre-q	ualification) for app	renticeship i	n the trade of crane operator
I want to have my hour	s recognized for the renew	al of qualification	for the shared activi	ty of "boom t	ruck operator"
Please provide the followin	g information, so that we	can analyze your f	ile. All fields must b	e filled in.	
1. IDENTIFICATION					
CCQ client no. or social insuranc	e no.				
Last name			First name		
Primary telephone number			Other telephone number		
No.	Street				Apartment no.
P.O. box	City		Province		Postal code
Trade, specialty, or shared activi	ty for which you want to have yo	ur file analyzed			
Personal information (if you do n	ot have a file with the CCQ)				
Sex Male Female			Date of birth (YYYY-MM-	DD)	
Height in metres or feet	Eye colour Brown Blue Hazel Green Grey Black				
A DECCENTION OF T					
2. RECOGNITION OF TR	RAINING HOURS				
I have completed a	program of studies in ducational institution. I a	a Permanent o	eode <sup>1</sup>		
supplying my permanent code so that the CCQ can validate my academic record.  You will be granted training credits based on your academic record if you have successfully completed a training program related to your trade or specialty. (No supporting documents needed.)					
I have successfully completed one or more CCQ upgrading activities. I would like them to be recognized in my apprenticeship.					
<sup>1</sup> The permanent code (com Ministère de l'Éducation e					s, and other documents issued by the ducational institutions.
3. DETAILS CONCERNI	NG REQUESTS FOR EL	IGIBILITY FOR T	HE EXAM AND/O	R APPRENT	TICESHIP CLASSIFICATION
For detailed information a	bout the process of having	g hours recognized	, please visit ccq.org	g.	
Please note that the work experience in the trade or			thly report are taker	n into accoun	t in the analysis to determine your
To have work experience h	ours recognized, you must	t provide copies of	all of the following o	documents:	
1. For each year requested					
	assessment issued by the	Canada Revenue A	Agency		
					ne provincial notice of assessment urn (C017) and the provincial

IDENTIFICATION		
Please record your information again so that we can ider	ntify you in the following part of this form.	
CCQ client no. or social insurance no.	Last name	First name

### 3. DETAILS CONCERNING REQUESTS FOR ELIGIBILITY FOR THE EXAM AND/OR APPRENTICESHIP CLASSIFICATION (CONTINUED)

- 2. Work experience sheet, indicate the information for each contract
- 3. Documentation demonstrating execution of the work, for each contract submitted (e.g., invoice, contract, work provider's letter)

The CCQ reserves the right to request any further documents deemed relevant.

#### 4. DETAILS CONCERNING REQUESTS FOR ELIGIBILITY FOR THE EXAM FOR INTEGRATION INTO THE APPRENTICESHIP FOR THE TRADE OF CRANE OPERATOR

For detailed information the process of becoming eligible for the exam for integration into apprenticeship for the trade of crane operator, please visit www.ccq.org/OTP.

To be admitted to this integration exam, you must have your hours worked during your on-the-job training plan (OTP) recognized. You must present photocopies of proofs of pay, such as pay stubs, to demonstrate that you have completed the 150 hours covered under your commitment.

Please note that original documents will not be returned to you.

#### 5. DETAILS CONCERNING REQUESTS FOR RECOGNITION OF HOURS FOR THE RENEWAL OF THE QUALIFICATION FOR THE SHARED ACTIVITY "BOOM-TRUCK OPERATOR"

For detailed information concerning this qualification, visit www.ccq.org/boomtruck

To renew your qualification, you must present a letter that explains that you have performed at least 50 hours of work linked to operation of a boom truck with a maximum capacity of 30 tonnes, with a single fixed set of controls, on construction sites covered or not by *Act R-20*, over the 12 months preceding expiry of this qualification.

The letter must include:

- The employer company's name, address, and telephone number
- Your name and your client number
- The title of the trade or specialty for which the shared activity work was done
- · A description of the tasks performed in the shared activity
- The number of hours worked in the shared activity
- The period during which the work was done
- Your signature and your function

Please note that original documents will not be returned to you.

#### 6. CANDIDATE'S AUTHORIZATION

I declare that all information given above is accurate. I authorize the CCQ to verify the authenticity of the documents that I have submitted with the companies and organizations concerned, including Revenu Québec, the Ministère de l'Éducation et de l'Enseignement supérieur, and school boards, or to validate my academic records for the purpose of issuance of a competency certificate, admission to the provincial qualification examination, recognition of apprenticeship hours, or admission to an upgrading or support activity under the Fonds de formation des salariés de l'industrie de la construction.

For this purpose, I authorize the CCQ to obtain all the information and documents necessary from the companies and organizations concerned, and I consent expressly to allow Revenu Québec to transmit to the CCQ a copy of the Relevé 1, "Revenus d'emplois et revenus divers" for each tax return concerned.

This authorization or a copy of it will be valid for the duration of the analysis of my request or for as long as I hold a valid exemption or competency certificate issued or renewed by the CCQ.

Candidate's signature (required)

In witness whereof I have signed, on (YYYY-MM-DD)

#### ${\bf Please\ return\ this\ form\ with\ supporting\ documents, if\ applicable, to\ the\ following\ address:}$

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

1. APPLICANT	IDENTI	FICATION						
CCQ client no. or social insurance no.		Trade or	Trade or specialty for which you want hours recognized					
Last name		First na	First name					
2. COMPANY I	DENTIF	ICATION						
Company name				Employe	er's CCQ no	. (if available	e)	
Main telephone no.				Position	n in the com	npany		
No.		Street						Suite or unit no.
P.O. box		City		Р	Province			Postal code
3. SUMMARY	OF HOU	RS WORKED AND	D DESCRIPTION OF	TASKS				
Detailed description							Perce	ntage of hours devoted to this task
Detailed description	of the task <sup>1</sup>	ı					Perce	ntage of hours devoted to this task
Detailed description of the task <sup>1</sup>				Percentage of hours devoted to this task				
Detailed description	of the task <sup>1</sup>						Perce	ntage of hours devoted to this task
Detailed description	of the task¹	ı					Perce	ntage of hours devoted to this task
Detailed description	of the task <sup>1</sup>						Perce	ntage of hours devoted to this task
Detailed description	of the task <sup>1</sup>						Perce	ntage of hours devoted to this task
Detailed description of the task <sup>1</sup>					Perce	ntage of hours devoted to this task		
If applicable, specify	the heavy r	machinery used to accor	mplish these tasks (make a	nd model)				
4. CONTRACTS	S FOR W	HICH THE ABOVI	E TASKS WERE PER	FORME	D			
For each contract me	ntioned on t	this form, you must atta	ch the corresponding proof	(invoice, cor	ntract or cl	ient letter, et	c.)	
Dates of contracts (AAAA-MM-DD to AAAA-MM-DD)			e of company or client			Number of hours claimed	Typ ind reside	e of site <sup>2</sup> (Institutional and commercial, dustrial, civil engineering and roadwork, ntial or other. If residential, specify the type ling and nature of the work. If other, specify.

DENTIFICATION			
ease record your information again so Q client no. or social insurance no.	that we can identify you in the following part of this tast name		irst name
	Education in Education		
CONTRACTS FOR WHICH	THE ABOVE TASKS WERE PERFORM	ED (CONTINUED)	
ates of contracts NAAA-MM-DD to NAAA-MM-DD)	Name of company or client	Number of hours claimed	Type of site <sup>2</sup> (Institutional and commercial, industrial, civil engineering and roadwork, residential or other. If residential, specify the typ of building and nature of the work. If other, specify
			,,,,,
SIGNATURE			
	provided in the present document is true. I u		

Date (YYYY-MM-DD)

Applicant's signature

<sup>&</sup>lt;sup>1</sup>The detailed tasks for each trade or specialty are defined in Schedule A of the Regulation Respecting the Vocational Training of the Workforce in the Construction Industry (chap. R-20, r. 8).

<sup>&</sup>lt;sup>2</sup> You must provide all types of sites related to the hours worked on the sheet. A brief description is recommended (e.g., apartment renovations, construction of sidewalks for a municipality, repair of employer's buildings, industrial construction in a province other than Québec).