

# REQUEST FOR RECOGNITION OF HOURS OR ELIGIBILITY

# TRAINING OR WORK EXPERIENCE EMPLOYER OR SELF-EMPLOYED WORKER

journeyman status (the candidate must hold an apprentice competency certificate from the Commission de la construction du Québec [CCQ])  OR						
I only want to verify whether I am eligible to take the provincial qualification exam that leads to journeyman status (the candidate is not required to hold an apprentice competency certificate from the CCQ)  OR						
I want to verify whether I am eligible for the integration exam (pre-qualification) for apprenticeship in the trade of crane operator OR						
	s recognized for the rer	newal of qualification	n for t	he shared activity of "boom t	ruck operator"	
Please provide the followin	g information, so that	we can analyze your	file. A	All fields must be filled in	·	
1. IDENTIFICATION	8					
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	
Aboriginal Yes No		Trade, specialty, or sh	ared ac	ctivity for which you want to have yo	ur file analyzed	
Personal information (if you do no	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				ey Black	
2. RECOGNITION OF TR	DAINING HOUDS					
		in a Permanent	code	1		
I have completed a program of studies in a recognized Québec educational institution. I am supplying 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 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 (composed of four letters followed by eight digits) appears on transcripts, diplomas, and other documents issued by the Ministère de l'Éducation et de l'Enseignement supérieur (MEES) and on various documents issued by educational institutions.						
3. DETAILS CONCERNING REQUESTS FOR ELIGIBILITY FOR THE EXAM AND/OR APPRENTICESHIP CLASSIFICATION						
For detailed information about the process of having hours recognized, please visit ccq.org.						
Please note that the work hours declared to the CCQ through the monthly report are taken into account in the analysis to determine your experience in the trade or specialty covered by your request.						
To have work experience hours recognized, you must provide copies of all of the following documents:						
For each year requested:     The detailed notice of assessment issued by the Canada Revenue Agency						
or  — For owners of a sole proprietorship: the provincial income tax return including business income and the provincial notice of assessment  — For shareholders, company administrators, and business partners: the company's provincial tax return (C017) and the provincial notice of assessment						

I want to be classified in my apprenticeship and to verify whether I am eligible to take the provincial qualification exam that leads to

# 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)

### 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	-ICATION						
CCQ client no. or social insurance no.		Trad	Trade or specialty for which you want hours recognized					
Last name			First	First name				
2. COMPANY I	DENTIF	CATION						
Company name				Emp	loyer's CCQ no	o. (if available	e)	
Main telephone no.				Posi	tion in the con	npany		
No.		Street					Suite or unit no.	
P.O. box		City Province				Postal code		
3. SUMMARY	OF HOU	RS WORKED AN	D DESCRIPTION (	OF TASKS	6			
Detailed description							Perce	ntage of hours devoted to this task
Detailed description of the task <sup>1</sup>						Percentage of hours devoted to this task		
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If applicable, specify	the heavy r	nachinery used to acco	omplish these tasks (mal	ke and mode	1)			
4. CONTRACTS	S FOR W	HICH THE ABOV	E TASKS WERE P	PERFORM	IED			
						ient letter, et	tc.)	
Dates of contracts (AAAA-MM-DD to AAAA-MM-DD)	DD to Name of company or client				Number of hours claimed	Typ ind resider	oe 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.	

4. CONTRACTS FOR WHICH THE ABOVE TASKS WERE PERFORMED (CONTINUED)							
Dates of contracts (AAAA-MM-DD to AAAA-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 type of building and nature of the work. If other, specify.)				
5. SIGNATURE							
I attest that all the information provided in the present document is true. I understand that the response given following the present application for recognition of hours is irreversible and may have an impact on my apprenticeship classification.							
Applicant's signature Date (YYYY-MM-DD)							

<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).