

REQUEST FOR RECOGNITION OF HOURS OR ELIGIBILITY

TRAINING OR WORK EXPERIENCE

I want to be classified in my apprenticeship and to verify whether I am eligible to take the provincial qualification exam that leads to 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 OR								
I want to verify whether I am eligible for the integration exam (pre-qualification) for apprenticeship in the trade of crane operator OR								
I want to have my hours	s recognized for the	renewal of qualification	n for t	he shared	d activi	ity of "b	oom tr	uck operator"
Please provide the followin	g information, so th	nat we can analyze our f	file. A	ll fields m	nust be	e filled i	n.	
1. IDENTIFICATION								
CCQ client no. or social insurance	e no.							
Last name			First	name				
Primary telephone number			Othe	r telephone	number	r		
No.	Street							Apartment no.
P.O. box	City			Province				Postal code
Trade, specialty, or shared activit	ty for which you want to	have your file analyzed						
Personal information (if you do no	ot have a file with the CC	Q)						
Sex Male Female			Date	of birth (YY	YY-MM-	-DD)		
Height in metres or feet	Eye colour	Brown Blue		Hazel	Gr	reen	Gre	y Black
2. RECOGNITION OF TR	DAINING HOUDS							
I have completed a			code	,1				
recognized Québec educational institution. I am 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 co	mpleted one or mor	e CCQ upgrading activit	ies. I	would like	e them	to be re	ecogniz	zed in my apprenticeship.
¹ The permanent code (comp Ministère de l'Éducation et	oosed of four letters t de l'Enseignement	followed by eight digits supérieur (MEES) and (s) app on va	ears on tr rious docu	anscri uments	ipts, dip s issued	lomas, d by edu	and other documents issued by thucational institutions.
3. DETAILS CONCERNI	NG REQUESTS F	OR ELIGIBILITY FOR	THE	EXAM A	ND/O	R APPI	RENTI	CESHIP CLASSIFICATION
For detailed information a	bout the process of	having hours recognize	d, ple	ase visit	ccq.or	g.		
Please note that all work hours declared to the CCQ through the monthly report are taken into account to determine your experience in the trade or specialty covered by your request.								
To have work experience h	ours recognized, yo	u must provide the follo	wing	documen	ts:			
1. One or more work experi- tasks related to your tra		s form, below), signed by	y the	person res	sponsil	ble in th	ie comp	pany for which you have performed
2. Photocopies of proof of	pay for validating e	ach work experience sh	eet (p	ay staten	nents,	T4 or Re	elevé 1	tax slips)²

² If you have filled out a form for work outside of Québec as part of a reciprocity agreement (Request for transfer of contributions – Reciprocity Agreement), you do not need proof

of pay for these hours.

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

IDENTIFICATION									
Please record your information again so that we	can identify you in the following	part of this form.							
CCQ client no. or social insurance no.	Last name		First name						
4. DETAILS CONCERNING REQUE FOR THE TRADE OF CRANE OP		OR THE EXAM FOR INT	EGRATION INTO THE APPRENTICESHIP						
For detailed information the process of please visit ccq.org.	For detailed information the process of becoming eligible for the exam for integration into apprenticeship for the trade of crane operator, please visit ccq.org.								
To be admitted to this integration exam, you must have your hours worked during your on-the-job training (OTP) plan recognized. You must present photocopies of proof of pay, such as a pay stub, issued by the employer for which you have worked for a minimum of 150 hours during your OTP. You do not have to fill out the work experience sheet attached to this form.									
Please note that original documents w	ill not be returned to you.								
5. DETAILS CONCERNING REQUE THE SHARED ACTIVITY "BOOM		N OF HOURS FOR THE R	ENEWAL OF THE QUALIFICATION FOR						
For detailed information concerning this qualification visit and arg									

For detailed information concerning this qualification, visit ccq.org.

To renew your qualification, you must present one or more employer letters to prove 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, during the 12 months preceding expiry of this qualification. You do not have to fill out the work experience sheet attached to this form.

The letter(s) 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
- The signature of the company person responsible and his or her function

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

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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 tax slips, "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)

Candidate's signature (required)	In witness whereof I have signed, on (YYYY-MM-DD)
7. CANDIDATE'S CONSENT	
I understand that the recognition of hours obtained following the prese versible and could have an impact on my apprenticeship classification ar	
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 salarié Case postale 2010, succursale Chabanel Montréal (Québec) H2N 0C3

WORK EXPERIENCE SHEET EMPLOYEE

Fill out as many sheets as needed to show all work experience hours that you want to have recognized. You can also submit a letter fom an employer certifying to the same elements as this sheet.

1. APPLICANT IDENTIF	-ICAT	ΓΙΟΝ									
CCQ client no. or social insurance	e no.			Trade or specialty for which you wish to have hours recognized							
Last name				First name							
2. COMPANY IDENTIFI	CATI	ON									
Company name	CATI	ON		Emn	lover's CCC	no. (if available)					
Company name				Linp	toyor o ood	no. (ii avaitable)					
Main telephone number				Nam	e and title	of the person res	ponsible	Э			
No.	Stree	et						Suite or	unit no.		
P.O. Box	City				Province			Postal c	ode		
3. SUMMARY OF HOUF	RS W	ORKED PER YEAR									
Year	Year		Year			Year	Year		Year		
Total number of hours for this year			Total number of I	nours for this year Total number of hour			hours fo	ours for this year Total number of hours for this ye			
4. WORK EXPERIENCE	DES	SCRIPTIONS									
Types of site ¹											
Residential		Details the type of building	and the nature of	work:							
Institutional and commercia	al	Details:									
Industrial		Details:									
Civil engineering and roadw	ork	Details:									
Other		Details:									
Detailed description of the task ²							Percentage of hours devoted to this task				
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Where appropriate, specify the type of heavy equipment used to perform these tasks (make and model).											

IDENTIFICATION									
Please record your information again so that we can identify you in the following part of this form.									
CCQ client no. or social insurance no.	t name								
5. SIGNATURE AND ATTESTATION OF THE COMPANY PERSON RESPONSIBLE									
I attest to the truth of all the information provided in the present document. I understand that recognition of hours obtained as a result of the present application for an apprentice competency certificate is irreversible and may have an impact on the applicant's apprenticeship classification and wage rate.									
Signature of the company person responsib	Date (YYYY-MM-DD)								
6. APPLICANT'S SIGNATURE									
I attest to the truth of all the information pro	vided in the present doc	ument.							
Applicant's signature			Date (YYYY-MM-DD)						

Supporting documents: For each year for which you want to have work experience hours recognized, you must provide proofs of remuneration that correspond to the number of hours that you are submitting. The types of proof most frequently submitted are pay statements and tax slips (T4 or Relevé1).

¹The hours recognized must have been performed on a construction site not covered by Act R-20 (either in or outside of Québec). You must indicate all types of construction sites related to the hours worked on the sheet. A short description is recommended (for example: housing renovation, building sidewalks for a municipality, repairs made to the employer's buildings, industrial construction outside of the province of Quebec).

 $^{^2}$ 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 (Chapter R-20, r.8).

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Company name				Linp	toyor o ood	no. (ii avaitable)					
Main telephone number				Nam	e and title	of the person res	ponsible	Э			
No.	Stree	et						Suite or	unit no.		
P.O. Box	City				Province			Postal c	ode		
3. SUMMARY OF HOUF	RS W	ORKED PER YEAR									
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