

IMPORTANT

When you apply for a competency certificate or exemption from holding one, you must provide various documents and information. Consult www.ccq.org/officialdocuments.

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

1. IDENTIFICATION

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------|--|
| CCQ client no. or social insurance no.* | | Permanent code ¹ | | Email address* | |
| Last name* | | | First name* | | |
| Address* <i>If the mailing address is different from the residential address, please complete section 7</i> | | | | | |
| No. | Street | | | Apartment no. | |
| P.O. box | City | | Province | Postal code | |
| Type <input type="checkbox"/> Cellular <input type="checkbox"/> Residence <input type="checkbox"/> Work <input type="checkbox"/> Other | | Main telephone number* | | | |
| Type <input type="checkbox"/> Cellular <input type="checkbox"/> Residence <input type="checkbox"/> Work <input type="checkbox"/> Other | | Secondary telephone number | | | |
| Date of birth (YYYY-MM-DD)* | | 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 | | | |
| Height in metres or feet* | Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female | | Language* <input type="checkbox"/> French <input type="checkbox"/> English | | |

¹ The permanent code (composed of four letters followed by eight numbers) 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.

2. UNION MEMBERSHIP (fill out only if you do not have an effective union allegiance)

IMPORTANT For the following section, only one choice will be accepted, and you will not be able to change it until the next union vote. If you check the wrong box by mistake, the cancelled choice must be crossed out and initialled.

I hereby declare to have freely chosen the following union association (please indicate your choice with an X or a ✓):

- ☐ Centrale des syndicats démocratiques (CSD-CONSTRUCTION)
☐ Confédération des syndicats nationaux (CSN-CONSTRUCTION)
☐ Conseil provincial du Québec des métiers de la construction (International)
☐ Fédération des travailleurs et travailleuses du Québec (FTQ-Construction)
☐ Syndicat québécois de la construction (SQC)

Employee's signature (mandatory)

Date (YYYY-MM-DD)*

3. CONSENT

I consent to having my electronic address disclosed to my union association.

Employee's signature

Date (YYYY-MM-DD)

4. DIVERSITY (read the definitions and terms of application in section 8 carefully)

| | | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Indigenous ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, you must specify the Nation, community and the registry or beneficiary number. | | |
| | Nation* | Community* | Registry or beneficiary number* |
| Immigrant ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No | Visible minority ² <input type="checkbox"/> Yes <input type="checkbox"/> No | Ethnic minority ² <input type="checkbox"/> Yes <input type="checkbox"/> No | With disabilities ² <input type="checkbox"/> Yes <input type="checkbox"/> No |

¹ Documentation to be produced and declaration in section 5 to be signed. ² Declaration in section 5 to be signed.

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*

5. DECLARATION

I declare that all information given in the present form 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, or a measure to benefit diversity of the workforce 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 declaration 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.

Employee's signature (mandatory)

Date (YYYY-MM-DD)*

6. AUTHORIZATION

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.

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.

Employee's signature (mandatory)

Date (YYYY-MM-DD)*

7. MAILING ADDRESS (fill out only if the address is different from that indicated in section 1)

| | | |
|----------|--------|---------------|
| No. | Street | Apartment no. |
| P.O. box | City | Province |
| | | Postal code |

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*

8. DEFINITIONS AND TERMS OF APPLICATION

A woman who holds a competency certificate or an exemption benefits from all the workforce diversity measures. Similarly, all people registered with the CCQ as representative of diversity benefit from all the associated measures. When a person benefits from measures for women or diversity measures, his or her employer also benefits from the corresponding applicable advantages.

For more information, visit www.ccq.org/inclusion.

An individual may belong to several groups representative of diversity. However, an immigrant may not identify himself or herself as a member of another group without having first identified himself or herself as such, and a person who is Indigenous may not identify at the same time as a member of a visible or ethnic minority. Moreover, a person cannot be both a visible minority and an ethnic minority.

In all cases, a person whose status representative of diversity changes must notify the CCQ immediately.

Indigenous

An Indigenous person is a person who belongs to one of these groups: First Nations, Métis of Canada, Inuit with Indian status with the Canadian government, or whose status of Cree, Naskapi, or Inuit beneficiary has been recognized pursuant to the *Act respecting Cree, Inuit and Naskapi Native persons* (chapter A-33.1).

For self-identification, one of the following supporting documents is required: photocopy, two-sided of Indian Status certificate or Nunavik Inuit Beneficiary Card.

Immigrant

The person is a permanent resident or a foreign national. He or she is not a Canadian citizen.

An immigrant may not identify himself or herself as a member of another group without first identifying himself or herself as an immigrant.

For self-identification, one of the following valid supporting documents is required: photocopy of work permit, photocopy of the study permit specifically authorizing the foreign student to accept a job, permanent resident card, or confirmation of permanent residency.

Visible minority

The person belongs to a visible minority because of the colour of his or her skin; he or she is not of the white race or colour. This does not include people who are Indigenous or belong to an ethnic minority.

An immigrant may not identify himself or herself as a member of another group without first identifying himself or herself as an immigrant.

Ethnic minority

The person belongs to an ethnic minority when his or her first language is neither French nor English. This does not include Indigenous people or those belonging to a visible minority.

An immigrant may not identify himself or herself as a member of another group without first identifying himself or herself as an immigrant.

With disabilities

The person is considered to have disabilities when he or she has an impairment resulting in a significant and persistent incapacity and is likely to encounter obstacles in performance of everyday activities.

An immigrant may not identify himself or herself as a member of another group without first identifying himself or herself as an immigrant.