

# REQUEST FOR RECOGNITION OF HOURS

## WORKER UNDERGOING TRAINING IN AN APPRENTICESHIP SYSTEM OUTSIDE QUEBEC

neyman status (the app OR	olicant r	nust hold an apprenti	ce competenc	y cert	ificate from the Commission	de la construction du Québec (CCQ))		
						ourneyman status (the applicant is		
•								
1. IDENTIFICATION	ig intorr	nation so that we can	study your fil	e. All	Tielas must be completed.			
CCQ client no. or social insurance	e no.							
Last name				First name				
Main phone number				Other phone no.				
No.	Street					Apartment no.		
P.O. Box	City				Province	Postal code		
Trade or specialty for which you	want to h	ave hours recognized						
Personal information (if you do n	ot have a	file with the CCQ)						
Gender Male Female	)			Date	of birth (YYYY-MM-DD)			
Height in metres or feet Eye colour Brown Blue					Hazel Green Grey Black			
2. RECOGNITION OF T	RAININ	IG HOURS						
I am enrolled in a program in a province	recogni	zed apprenticeship	Province or terr	itory o	f the apprenticeship program			
program in a province	othert	nan quebec.	Apprenticeship trade					
		Name of the apprenticeship authority (See the list on the next page)						
	ID number as a participant in the program, if applicable							
I have completed the prior learning recognition process and I have a diploma from the Ministère de l'Éducation et de l'Enseignement supérieur du			Permanent	Permanent code <sup>1</sup>				
Québec. I am providing the CCQ can validate		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 comple	ted one	or several CCQ upgra	ding activities	. I wo	uld like them to be recognize	d in my apprenticeship.		

I want to be classified in my apprenticeship and verify whether I am eligible for the provincial qualification examination that leads to jour-

<sup>&</sup>lt;sup>1</sup> 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 et de l'Enseignement Supérieur* (MEES) and on various documents issued by educational institutions.

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					

#### 3. RECOGNITION OF WORK EXPERIENCE HOURS

For detailed information about the process of having hours recognized for Canadian apprentices in a recognized apprenticeship system in a province other than Quebec, please visit ccq.org

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

The information provided in section 2 of this form allows the CCQ to evaluate the number of relevant training hours you have completed, as well as the number of hours of practical construction site experience you have accumulated to date as part of your apprenticeship.

If you have other types of work experience related to your trade or specialty, here's what you need to provide:

- 1. One or several work experience sheets (see later in this form), signed by the person responsible in the company for which you performed the tasks related to your trade or specialty.
- 2. Photocopies of proofs of remuneration to validate each of these work experience sheets (pay statement or tax slip T-4 or RL-1).

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

#### 4. CANDIDATE'S AUTHORIZATION

I declare that all the information given above is accurate. I authorize the CCQ to verify the authenticity of the documents that I have submitted with the organizations concerned, including Revenu Québec, the Ministère de l'Éducation et de l'Enseignement Supérieur and school boards, and to validate my academic records, for the purpose of issuing a competency certificate, admission to the provincial qualification examination, recognition of apprenticeship hours, admission to an upgrading activity or assistance 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 expressly authorize Revenu Québec to send the CCQ a copy of RL-1, "Revenus d'emplois et revenus divers" for the tax returns 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 signed on (YYYY-MM-DD)

LIST OF PROVINCIAL AND TERRITORIAL APPRENTICESHIP AUTHORITIES							
Alberta	Alberta Apprenticeship and Industry Training (AAIT)	Nunavut	Nunavut Apprenticeship, Department of Family Services				
British Columbia	Industry Training Authority (ITA)	Ontario	Employment Ontario				
Prince Edward Island	Apprenticeship Training and certification, Post-Secondary and Continuing Education, Department of Workforce and Advanced Learning	Saskatchewan	Saskatchewan Apprenticeship and Trade Certification Commission				
Manitoba	Apprenticeship Manitoba	Newfoundland and Labrador	Apprenticeship Trades and Certification Division, Department of Advanced Education and Skills				
New Brunswick	Department of Apprenticeship and Occupational Certification, Postsecondary Education, Training and Labour	Northwest Territories	Labour Development and Standards, Ministry of Education, Culture and Employment				
Nova Scotia	Nova Scotia Apprenticeship Agency	Yukon	Advanced Education Branch, Department of Education				

Please return this form with documentation, if applicable, to the address below.

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

### WORK EXPERIENCE SHEET

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

1. REQUESTER'S IDENTIFICATION							
CCQ client no. or social insurance	Trade or specialty for which you want to have hours recognized						
Last name	First name						
2. COMPANY IDENTIFI	CATION						
Company name	CATION		CCQ employer n	no. (if available)			
Main phone no.			Name and title	of the person responsible	9		
No.	Street				Apartme	Apartment no.	
P.O. Box	City		Province		Postal c	ode	
3. SUMMARY OF HOUF							
Year	Year	Year		Year		Year	
Total number of hours for this year	Total number of hours for this year	Total number of	hours for this year	Total number of hours for	r this year	Total number of hours for this year	
4. WORK EXPERIENCE  Types of construction sites <sup>1</sup>	EDESCRIPTIONS						
Types or construction sites							
Specific task <sup>2</sup>					Percen	tage of hours devoted to this task	
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Specific task <sup>2</sup>					Percentage of hours devoted to this task		
Specific task <sup>2</sup>					Percentage of hours devoted to this task		
Where appropriate, specify the heavy equipment used to perform these tasks (make and model)							
5. SIGNATURES							
Signature of the person recompany	esponsible from the Si	gnature of the	e requester		Date (	YYYY-MM-DD)	

**Supporting documents**: for each of the years 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 (T-4 or RL-1).

<sup>&</sup>lt;sup>1</sup>The hours recognized must have been performed on a construction site not covered by Act R-20. You must indicate all the types of construction sites related to the hours worked on the sheet. We suggest giving a brief description (for example: housing renovation, building sidewalks for a municipality, repairing the employers' buildings, industrial construction in a province other than Quebec, etc.).

 $<sup>^2</sup>$  The tasks specific to each trade or specialty are defined in Appendix A of the Regulation respecting the vocational training of the workforce in the construction industry, Chapter R-20, r.8.

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Main phone no.			Name and title	of the person responsible	Э		
No.	Street		,			Apartment no.	
P.O. Box	City		Province		Postal c	Postal code	
3. SUMMARY OF HOUF	RS PER YEAR						
Year	Year	Year		Year		Year	
Total number of hours for this year	Total number of hours for this year	Total number of I	hours for this year Total number of hours for this			nis year Total number of hours for this year	
4. WORK EXPERIENCE  Types of construction sites <sup>1</sup>	EDESCRIPTIONS						
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Signature of the person re	esponsible from the Si	gnature of the	e requester		Date (	YYYY-MM-DD)	
company			•				

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