

IMPORTANT

Read the last page of the form for instructions on how to fill out the form.

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

1. IDENTIFICATION OF THE APPLICANT

CCQ client no. or social insurance no.*		Email address*	
Last name*		First name*	
Primary telephone no.*		Other phone no.	
No.*	Street*	Suite or unit no.	P.O. Box
City*	Province*	Country*	Postal code*
Trade, specialty, or shared activity for which you want your file analyzed*			
Personal information (if you do not have a CCQ file)			
Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (YYYY-MM-DD)*	
Height in metres or feet*	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		

2. DETAILS CONCERNING APPLICATIONS FOR RECOGNITION OF WORK EXPERIENCE HOURS

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

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

The information provided in section 2 enables the CCQ to evaluate the number of relevant training hours that you have completed, as well as the number of work hours obtained on construction sites as part of your apprenticeship to date.

To have work hours recognized, you must provide copies of all the following documents:

1. The form, duly filled out, with completion of one or more work hours sheets at the end of this form, with information on the types of construction site where you performed the tasks related to your trade or specialty, and signed by the person responsible at the company. You may also submit a letter from the employer that attests to the same elements as those in the work hours sheet;
2. Photocopies of proof of remuneration to validate each work hours sheet (pay statements, T4 or relevé 1 tax slips, employment records)¹. For each year for which you want to have work hours recognized, you must provide proofs of remuneration that correspond to the number of hours you are submitting.

You must provide photocopies. If you provide original documents, they will not be returned to you.

If the document is written in a language other than French, please provide that document and attach a professional translation into French. You may send an English-language version only if you are eligible for exemptions provided by the Charte de la langue française. For more information, visit the website of the Office québécois de la langue française, www.oqlf.gouv.qc.ca.

The CCQ reserves the right to request any supplementary document deemed relevant. Note, however, that it is your responsibility to provide sufficiently precise documentation and that it is not up to the CCQ to take steps aimed at completing the information that you provide to it.

¹ If you have filled out a form for work performed outside of Québec under a reciprocity agreement (*Request for transfer of contributions – Reciprocity Agreement*), you do not have to provide proof of remuneration for these hours.

IDENTIFICATION OF THE APPLICANT

Please write your information again so that we can identify you for the next part of this form.

CCQ client no. or social insurance no.*

Last name*

First name*

3. RECOGNITION OF TRAINING

Training credits

☐ I am enrolled in a recognized apprenticeship program in a province other than Quebec.

Province or territory of the apprenticeship program

Apprenticeship trade

Name of the apprenticeship authority (see list on next page)

Program participation identification number, if applicable

☐ I have completed the prior learning recognition process and I have a diploma from the ministère de l'Éducation du Québec. I am providing 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 successfully completed a training program relevant to your trade or specialty. No supporting documents needed.

☐ I successfully completed one or several CCQ upgrading activities. I would like them to be recognized in my apprenticeship.

Hours of training

☐ If wish to have vocational training hours recognized for the trade covered in this application, please fill out or more training hours sheets (on the last page of this form) and provide the required supporting documents described on the sheet.

¹ 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 and on various documents issued by educational institutions.

4. RECOGNITION OF HOURS: TWO OPTIONS AVAILABLE

I understand that the recognition of hours obtained following the present application for an apprentice competency certificate is irreversible and could have an impact on my apprenticeship classification, my admission to the qualification examination and on my wage rate.

Please check one of the following boxes*:

☐ Yes, I want the recognized hours to be added to my apprenticeship record book.

☐ No, I want only to verify my eligibility for the qualification examination and I do not want to add the recognized hours to my apprenticeship record book.

Note that if you hold an exemption, you do not have an apprenticeship record book and you can only verify your eligibility for the qualification examination.

Applicant's signature*

Date (YYYY-MM-DD)

5. APPLICANT'S DECLARATION

I declare that all information given in this 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, a measure to benefit diversity of the workforce, for admission to the qualification examination and/or for my apprenticeship classification 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.

Applicant's signature*

Date (YYYY-MM-DD)

IDENTIFICATION OF THE APPLICANT

Please write your information again so that we can identify you for the next part of this form.

CCQ client no. or social insurance no.*

Last name*

First name*

6. APPLICANT'S 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.

Applicant's signature*

Date (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 supporting documents 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 HOURS SHEET – EMPLOYEE

Fill out as many sheets as needed to show all work hours that you want to have recognized. You may also submit a letter from the employer that attests to the same elements as those in this sheet.

Fields marked with an asterisk (*) must be filled out.

1. IDENTIFICATION OF THE APPLICANT

CCQ client no. or social insurance no.*	Trade or specialty for which you want hours recognized
Last name*	First name*

2. COMPANY IDENTIFICATION

Company name		CCQ employer no. (if available)	
Primary telephone no.	Name and position of the person responsible at the company		
No.	Street	Suite or unit no.	P.O. Box
City	Province	Country	Postal code

3. SUMMARY OF HOURS WORKED PER YEAR NOT DECLARED TO THE CCQ (ON THE MONTHLY REPORT)

For each of the years for which you would like work hours recognized, you must provide proofs of remuneration that correspond to the number of hours you are submitting. The most common proofs are pay stubs, T4 tax slips and Relevés 1.

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 this year	Total number of hours for this year

4. DESCRIPTION OF TYPES OF CONSTRUCTION SITE

The hours recognized must have been worked on a site not subject to Act R-20 (either inside or outside Québec). You must record all types of sites related to hours worked on the sheet. A short description is recommended (e.g., housing renovation, construction of sidewalks for a municipality, repairs to employer's buildings, factory, industrial construction in a province other than Québec).

<input type="checkbox"/> Residential	Specify the type of building and the nature of the work: _____
<input type="checkbox"/> Institutional and commercial	Specify: _____
<input type="checkbox"/> Industrial	Specify: _____
<input type="checkbox"/> Civil engineering and roads	Specify: _____
<input type="checkbox"/> Other	Specify: _____

5. DESCRIPTION OF TASKS

Describe the tasks performed on the sites and the percentage of hours dedicated to each task (total of 100%). The detailed tasks for each trade or specialty are defined in Schedule A of the *Regulation respecting vocational training of the workforce in the construction industry*, (CQLR, chapter R-20, r.8).

Detailed description of the task	Percentage of hours dedicated to this task
Detailed description of the task	Percentage of hours dedicated to this task
Detailed description of the task	Percentage of hours dedicated to this task
Detailed description of the task	Percentage of hours dedicated to this task
Detailed description of the task	Percentage of hours dedicated to this task
Detailed description of the task	Percentage of hours dedicated to this task
Detailed description of the task	Percentage of hours dedicated to this task

If you used machinery to perform these tasks, please provide the brand, the model, and, if applicable, the lifting capacity of the machinery used:

IDENTIFICATION OF THE APPLICANT

Please write your information again so that we can identify you for the next part of this form.

CCQ client no. or social insurance no.*

Last name*

First name*

6. DECLARATION OF THE PERSON RESPONSIBLE OF THE COMPANY

First name and last name

Role in the company

I declare that all information given in this sheet is accurate.

Signature of the person responsible of the company*

Date (YYYY-MM-DD)

7. APPLICANT'S SIGNATURE

Applicant's signature*

Date (YYYY-MM-DD)

TRAINING HOURS SHEET

Fill out as many sheets as necessary to demonstrate all of the training hours that you would like to have recognized.

Fields marked with an asterisk (*) must be filled out.

1. IDENTIFICATION OF THE APPLICANT

Please write in your information again so we can identify you for the next part of this form.

CCQ client no. or social insurance no.*	Last name*	First name*
---	------------	-------------

2. PROOFS REQUIRED

For each training course, please attach proof that contains the following elements and fill out an identification sheet below:

- Description of the training received from a competent authority or one delegated by it (e.g., website page, leaflet, brochure);
- Proof of hours of vocational training performed (with date of completion that shows hours of training, such as a report card, transcript, or certificate);

If the document is written in a language other than French, please provide that document and attach a professional translation into French. You may transmit an English-language version only if you are eligible for exemptions provided by the Charte de la langue française. For more information, visit the website of the Office québécois de la langue française, at www.oqlf.gouv.qc.ca.

3. IDENTIFICATION OF THE TRAINING

Title of the training course*	Organization providing the training*
Total number of hours of training related to the trade covered by the application*	
For this training, provide details of each skill acquired and the number of hours devoted to this skill.	
Skill	Number of hours of training for this skill
Skill	Number of hours of training for this skill
Skill	Number of hours of training for this skill
Skill	Number of hours of training for this skill

4. APPLICANT'S SIGNATURE

Applicant's signature*	Date (YYYY-MM-DD)
------------------------	-------------------

HOW TO FILL OUT THE APPLICATION FOR RECOGNITION OF HOURS

1. Required to present the application for recognition of work hours

- Fill out the identification section (section 1);
- Read section 2 carefully;
- Fill out the training recognition section (section 3) if you want to have an apprenticeship program in a province other than Quebec, a training program recognized by the Ministère de l'Éducation or by the CCQ or hours in vocational training course recognized;
- Carefully read the box with information on classification in the apprenticeship period and sign section 4, Consent of the Applicant;
- Sign the form (section 5) Applicant's Authorization;
- Fill out one or more work hours sheets with the tasks performed related to your trade or specialty. In addition, provide the information requested for each of the contracts for which you are claiming hours, specifying the type of site or building. **Be as specific as possible;**
- Provide photocopies of proof of remuneration (pay stubs, T4 or relevé 1 tax slips, or employment records) to validate each of work experience sheets;
- Fill out the **training hours sheet** to demonstrate that you have acquired skills related to the trade. Please list which skills have been developed during training;
- For each training course that you would like to have recognized, provide proof of training course hours. To be recognized, the training hours must have been taken from a competent authority or from an entity delegated by that authority.

2. Sending your application

To submit your application, please send the form and the supporting documents, if applicable, by mail to the address given on page 3 of the form, to one of CCQ's regional offices, or via the online services. To see the addresses of our regional offices, visit ccq.org.