

# APPLICATION FOR PRELIMINARY ANALYSIS

RECOGNITION OF WORK HOURS AND TRAINING HOURS
(INTERNATIONAL RECRUITMENT)
FOR A TRADE (EXCEPT CRANE OPERATOR)

**IMPORTANT** 

For all questions, please send an email to reconnaissance@ccq.org.

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

| 1. IDENTIFICATION OF THE APPLICANT    |         |                                                    |                                 |          |  |  |  |
|---------------------------------------|---------|----------------------------------------------------|---------------------------------|----------|--|--|--|
| Last name*                            |         |                                                    | First name*                     |          |  |  |  |
| Primary telephone no.*                |         |                                                    | Other telephone number          |          |  |  |  |
| No.*                                  | Street* |                                                    |                                 | Apt. no. |  |  |  |
| P.O. box                              | City*   |                                                    | Province* Country* Postal code* |          |  |  |  |
| Email address*  Trade for which you w |         | vant your file analyzed (see trades in section 2)* |                                 |          |  |  |  |
| Sex* Male Female                      |         |                                                    | Date of birth (YYYY-MM-DD)*     |          |  |  |  |

# 2. DOCUMENTS REQUIRED FOR RECOGNITION OF WORK EXPERIENCE

#### **Employee**

- 1. If applicable in your situation, one or more **work hours sheets** proving, in as detailed a way as possible, at least 35% of the hours required for apprenticeship in the trade (see the Work hours sheet employee at the end of this form), with section 6 signed by the person responsible at the company for which **you performed tasks related to your trade**;
- 2. Proof of remuneration to validate each work hours sheet (pay stubs, employment records). 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;
- 3. Fill out and sign by the applicant.

#### Self-employed worker

- 1. If applicable in your situation, one or more **work hours sheets** proving at least 35% of the apprenticeship hours for the trade (see the *Work Hours Sheet Employer* at the end of this form), giving information on each contract;
- 2. Proof of a tax return for each year claimed;
- 3. Supporting documents demonstrating that the work was executed, for each contract submitted (e.g., invoice, signed contract, letter from work provider);
- 4. Fill out and sign by the applicant.

#### Proof of training hours

- 1. If applicable in your situation, one or more training hours sheets (see the Training hours sheet at the end of this form);
- 2. For each training course that you want recognized, provide as precise documentation as possible of the hours of training courses. To be recognized, the training hours must have been taken from a competent authority or from an entity delegated by that authority for which you must provide proof.
- 3. Fill out and sign by the applicant.

## 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 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.

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.

| IDENTIFICATION OF THE APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please write your information again so that we can identify you for the next part of this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | First name*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         |
| 2. DOCUMENTS REQUIRED FOR RECOGNITION OF WORK EX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEDIENCE (CONTINUED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                         |
| For purposes of analysis of your application, you must demonstrate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | training hours equivalent to at                                                                                                                                                                                                                                                                                         |
| least 35% of the apprenticeship for the trade covered:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e a number of work hours and/or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | training nours equivalent to at                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minimum hours required                                                                                                                                                                                                                                                                                                  |
| Trade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (35% of apprenticeship)                                                                                                                                                                                                                                                                                                 |
| Heavy equipment operator, reinforcing steel erector, shovel operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 700 hours                                                                                                                                                                                                                                                                                                               |
| Cement finisher, roofer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,400 hours                                                                                                                                                                                                                                                                                                             |
| Boilermaker, bricklayer-mason, carpenter-joiner, erector mechanic (mechanic, insulator, interior systems installer, ironworker, millwrigh flooring layer, tile setter, tinsmith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,100 hours                                                                                                                                                                                                                                                                                                             |
| Electrician, fire-protection mechanic, pipe fitter, refrigeration mech                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | anic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2,800 hours                                                                                                                                                                                                                                                                                                             |
| Elevator mechanic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3,500 hours                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         |
| 3. CONSENT OF THE APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         |
| irreversible and could have an impact on my apprenticeship class my wage rate when I obtain an apprentice competency certificate.  Applicant's signature*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Y-MM-DD)                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         |
| 4. APPLICANT'S DECLARATION AND AUTHORIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                         |
| I declare that all information given above is accurate. I authorize the authenticity of my declarations and the validity of the documents sure of my academic records with the Ministère de l'Éducation, for the pexemption from holding a competency certificate, or a registration recognition of apprenticeship hours; for recognition of vocational the Fonds de formation des salariés de l'industrie de la construction concerned may transmit to the CCQ copies of the documents that I understand that making a false declaration, falsification of a doccertificate, an exemption from holding a competency certificate, workforce, for admission to the qualification examination and/or formay lead to its cancellation as well as criminal prosecution under setraining and workforce management in the construction industry (CC). The present authorization or a copy of it will be valid as long as analy certificate, exemption, or registration certificate issued or renewed. | ibmitted with the organizations of curpose of analysis for issuance in certificate; for admission to the qualification; or for admission to in. For these purposes, I expressly have supplied in support of my aument, or use of any falsified do a registration certificate, a mean my apprenticeship classification certificate | concerned, as well as the validity of a competency certificate, an e qualification examination; for a training activity pursuant to y consent that the organizations application.  cument to obtain a competency asure to benefit diversity of the on constitutes an infraction that cting labour relations, vocational |
| Applicant's signature*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Y-MM-DD)                                                                                                                                                                                                                                                                                                                |

# 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. DENTIFICATION OF T                                                                                | HE A          | PPLICANT                |                   |                                                        |             |                          |                   |                                             |                             |                                                                         |  |
|------------------------------------------------------------------------------------------------------|---------------|-------------------------|-------------------|--------------------------------------------------------|-------------|--------------------------|-------------------|---------------------------------------------|-----------------------------|-------------------------------------------------------------------------|--|
| CCQ client no. or social insurance no.*                                                              |               |                         |                   | Trade or specialty for which you want hours recognized |             |                          |                   |                                             |                             |                                                                         |  |
| Last name*                                                                                           |               |                         |                   | First r                                                | name*       |                          |                   |                                             |                             |                                                                         |  |
| 2. COMPANY IDENTIFIC                                                                                 | CATIO         | N                       |                   |                                                        |             |                          |                   |                                             |                             |                                                                         |  |
| Company name                                                                                         |               |                         |                   |                                                        | CCQ e       | mployer n                | o. (if av         | vailable)                                   |                             |                                                                         |  |
| Primary telephone no. Name and position of the person responsible                                    |               |                         |                   |                                                        | ible at t   | he compar                | ny                |                                             |                             |                                                                         |  |
| No.                                                                                                  | Street        |                         |                   | Suite or unit no.                                      |             |                          |                   |                                             | P.O. Box                    |                                                                         |  |
| City                                                                                                 |               |                         | Prov              | vince                                                  |             | Country                  |                   |                                             | Postal co                   | Postal code                                                             |  |
| 2 CHMMADY OF HOUR                                                                                    | C WO          | DVED DED VE             | D N               | OT DECLADE                                             | ED TO       | THE CO                   | 20 (0             | N THE MONT                                  | 'LI V DE                    | :DODT\                                                                  |  |
| 3. SUMMARY OF HOUR For each of the years for which you                                               |               |                         |                   |                                                        |             |                          |                   |                                             |                             |                                                                         |  |
| The most common proofs are pay st                                                                    | ubs, T4 ta    |                         |                   |                                                        |             | nunoration               |                   | Troopona to the nan                         | lbor or nou                 | , ,                                                                     |  |
| Year                                                                                                 | Year          |                         |                   | Year                                                   |             |                          | Year              |                                             |                             | Year                                                                    |  |
| Total number of hours for this year                                                                  | Total ni      | umber of hours for this | year              | Total number of h                                      | nours for   | r this year              | Totalı            | number of hours for                         | this year                   | Total number of hours for this year                                     |  |
|                                                                                                      |               |                         |                   |                                                        |             |                          |                   |                                             |                             |                                                                         |  |
| 4. DESCRIPTION OF TY                                                                                 | PES C         | F CONSTRUCT             | ION               | SITE                                                   |             |                          |                   |                                             |                             |                                                                         |  |
| The hours recognized must have lon the sheet. A short description construction in a province other t | is recom      | mended (e.g., housin    | ject t<br>ig rend | o Act R-20 (either<br>ovation, construct               | inside of s | or outside<br>idewalks f | Québec<br>or a mu | c). You must record<br>unicipality, repairs | l all types o<br>to employe | of sites related to hours worked<br>er's buildings, factory, industrial |  |
| Residential                                                                                          | S             | pecify the type of bu   | ilding            | and the nature of                                      | f the wo    | rk:                      |                   |                                             |                             |                                                                         |  |
| Institutional and commercia                                                                          | cial Specify: |                         |                   |                                                        |             |                          |                   |                                             |                             |                                                                         |  |
| Industrial                                                                                           | S             | pecify:                 |                   |                                                        |             |                          |                   |                                             |                             |                                                                         |  |
| Civil engineering and roads                                                                          | S             | pecify:                 |                   |                                                        |             |                          |                   |                                             |                             |                                                                         |  |
| Other                                                                                                | S             | pecify:                 |                   |                                                        |             |                          |                   |                                             |                             |                                                                         |  |
| E DECODIDITION OF TA                                                                                 | CKC           |                         |                   |                                                        |             |                          |                   |                                             |                             |                                                                         |  |
| 5. DESCRIPTION OF TA  Describe the tasks performed on Schedule A of the Regulation resp              | the sites     |                         |                   |                                                        |             |                          |                   |                                             | s for each                  | trade or specialty are defined in                                       |  |
| Detailed description of the task                                                                     |               | <u> </u>                |                   |                                                        |             | ,                        | <i>,</i> ,        |                                             | tage of ho                  | urs dedicated to this task                                              |  |
| Detailed description of the task                                                                     |               |                         |                   |                                                        |             |                          |                   | Percen                                      | tage of ho                  | urs dedicated to this task                                              |  |
| Detailed description of the task                                                                     |               |                         |                   |                                                        |             |                          |                   | Percen                                      | tage of ho                  | urs dedicated to this task                                              |  |
| Detailed description of the task                                                                     |               |                         |                   |                                                        |             |                          |                   | Percen                                      | tage of ho                  | urs dedicated to this task                                              |  |
| Detailed description of the task                                                                     |               |                         |                   |                                                        |             |                          |                   | Percen                                      | tage of ho                  | urs dedicated to this task                                              |  |
| Detailed description of the task                                                                     |               |                         |                   |                                                        |             |                          |                   | Percen                                      | tage of ho                  | urs dedicated to this task                                              |  |
| Detailed description of the task                                                                     |               |                         |                   |                                                        |             |                          |                   | Percen                                      | tage of ho                  | urs dedicated to this task                                              |  |
| If you used machinery to perform                                                                     | these ta      | isks, please provide t  | he br             | and, the model, ar                                     | nd, if ap   | plicable, t              | he liftir         | ng capacity of the r                        | machinery                   | used:                                                                   |  |

| IDENTIFICATION OF THE APPLICANT                                                                                                                                                                                                                                                          |                                                |                                                 |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--|--|--|
| Please write your information again so that we can ident                                                                                                                                                                                                                                 | tify you for the next part of this form.       |                                                 |  |  |  |
| CCQ client no. or social insurance no.*                                                                                                                                                                                                                                                  | nsurance no.* Last name* First name            |                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                          |                                                |                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                          |                                                |                                                 |  |  |  |
| 6. SIGNATURE AND ATTESTATION OF T                                                                                                                                                                                                                                                        | HE PERSON RESPONSIBLE AT THE COM               | PANY                                            |  |  |  |
| I declare that all information given above is a                                                                                                                                                                                                                                          | ccurate.                                       |                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                          |                                                |                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                          |                                                |                                                 |  |  |  |
| <u> </u>                                                                                                                                                                                                                                                                                 |                                                | D                                               |  |  |  |
| Signature of the person responsible at the company*  Date (YYYY-MM-DD)                                                                                                                                                                                                                   |                                                |                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                          |                                                |                                                 |  |  |  |
| 7. APPLICANT'S SIGNATURE                                                                                                                                                                                                                                                                 |                                                |                                                 |  |  |  |
| I declare that all information given above is a                                                                                                                                                                                                                                          | accurate. I understand that making a false dec | aration, 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).                                                                                                                                                                            |                                                |                                                 |  |  |  |
| ,                                                                                                                                                                                                                                                                                        | 3                                              |                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                          |                                                |                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                          |                                                |                                                 |  |  |  |
| Applicant's signature*                                                                                                                                                                                                                                                                   |                                                | Date (YYYY-MM-DD)                               |  |  |  |

# WORK HOURS SHEET - EMPLOYER

Fill out as many sheets as needed to show all work hours that you want to have recognized.

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*                                                                                                                                         |                                            |                          |                                                            | name*                                                  |                  |                 |                                |  |  |
|                                                                                                                                                    |                                            |                          |                                                            |                                                        |                  |                 |                                |  |  |
| 2. COMPANY IDENTIFI                                                                                                                                | CATION                                     |                          |                                                            |                                                        |                  |                 |                                |  |  |
| 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                 |                                                            |                                                        |                  | Postal code     |                                |  |  |
|                                                                                                                                                    |                                            | <u>I</u>                 |                                                            |                                                        |                  |                 |                                |  |  |
| 3. DESCRIPTION OF TY                                                                                                                               | PES OF CONSTRUCT                           | TION SITE                |                                                            |                                                        |                  |                 |                                |  |  |
| The hours recognized must have on the sheet. A short description construction in a province other to                                               | is recommended (e.g., housir               |                          |                                                            |                                                        |                  |                 |                                |  |  |
| Residential                                                                                                                                        | Specify the type of bu                     | ilding and the nature of | f the w                                                    | ork:                                                   |                  |                 |                                |  |  |
| Institutional and commercia                                                                                                                        | al Specify:                                |                          |                                                            |                                                        |                  |                 |                                |  |  |
| Industrial                                                                                                                                         | Specify:                                   |                          |                                                            |                                                        |                  |                 |                                |  |  |
| Civil engineering and roads                                                                                                                        | Specify:                                   |                          |                                                            |                                                        |                  |                 |                                |  |  |
| Other                                                                                                                                              |                                            |                          |                                                            |                                                        |                  |                 |                                |  |  |
|                                                                                                                                                    |                                            |                          |                                                            |                                                        |                  |                 |                                |  |  |
| 4. DESCRIPTION OF TA  Describe the tasks performed on                                                                                              |                                            | of hours dedicated to    | ach ta                                                     | sk (total of 100%)                                     | The detailed tas | ks for each tra | de or specialty are defined in |  |  |
| Schedule A of the Regulation res                                                                                                                   |                                            |                          |                                                            |                                                        | 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             |                  |                 |                                |  |  |
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| If you used machinery to perform these tasks, please provide the brand, the model, and, if applicable, the lifting capacity of the machinery used: |                                            |                          |                                                            |                                                        |                  |                 |                                |  |  |
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| IDENTIFICATION OF THE APPLICANT                                                                 |                                                                                                  |                                                                                               |                                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| Please write your information again so that we can identify you for the next part of this form. |                                                                                                  |                                                                                               |                                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| You must attach a supporting document associated with a  Dates of contracts (YYYY-MM-DD to Name |                                                                                                  | of company or client Office of this sheet (e.g., invoice, signer of company or client of hour |                                  |           | Type of construction site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
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| 6. APPLICANT                                                                                    | S SIGNATURE                                                                                      |                                                                                               |                                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| any falsified doc<br>a measure to ber<br>constitutes an in                                      | ument to obtain a competenge<br>nefit diversity of the workford<br>fraction that may lead to its | cy certificate, an exemption from holdir<br>ee, for admission to the qualification exa        | ig a com<br>iminatio<br>ution un | n a<br>de | tion, falsification of a document, or use of tency certificate, a registration certificate, and/or for my apprenticeship classification r section 119.1 or 122 (4) of <i>Act respecting</i> LR, chap. 20).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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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.

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

| information, visit the website of the Office québécois de la langue fra                                                                      | inçaise, at www.oqlf.gouv.qc.ca.                                                                                                                                                                                                                                                                                                      |
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|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |
| 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 devot                                                      | ted 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                                                                                                                                                                                                                                                                                            |
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| 4. APPLICANT'S SIGNATURE                                                                                                                     |                                                                                                                                                                                                                                                                                                                                       |
| any falsified document to obtain a competency certificate, an exemp<br>a measure to benefit diversity of the workforce, for admission to the | hat making a false declaration, falsification of a document, or use of otion from holding a competency certificate, a registration certificate, qualification examination and/or for my apprenticeship classification criminal prosecution under section 119.1 or 122 (4) of Act respecting e construction industry (CQLR, chap. 20). |
| Applicant's signature*                                                                                                                       | Date (YYYY-MM-DD)                                                                                                                                                                                                                                                                                                                     |

The recognition process for international candidates takes place in two general steps:

- The application for preliminary analysis before you arrive in Québec and
- The application for issuance of an ACC once you have arrived in Québec

### HOW TO FIL OUT THE APPLICATION FOR PRELIMINARY ANALYSIS BEFORE YOU ARRIVE IN QUÉBEC

### 1. Required to present the preliminary analysis

- Prove work hours and/or training hours equivalent to at least 35% of apprenticeship for the trade;
- Fill out the form Application for preliminary analysis Recognition of work and training hours (international recruitment) for a trade (except crane operator)
  - Fill out section 1: Identification of the applicant;
  - Read section 2 carefully;
  - Sign section 3: Applicant's declaration and authorization;
- Fill out the Work hours sheet employee or the Work hours sheet employer;
- Provide proofs of remuneration to validate each of the work experience sheets (pay stubs, tax slips);
- Fill out the training hours sheet;
- Provide proof of vocational training hours completed.

### 2. Sending your application

Please send all your documents, forms, and supporting documentation by email to reconnaissance@ccq.org.

If your documents are written in a language other than French, please provide those documents and attach professional translations 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.

#### 3. Response time

If your application is properly filled out and we have all the required supporting documents, it will be processed within 20 working days following its receipt. The decision will be sent to you by email.

# HOW TO PREPARE YOUR APPLICATION FOR ISSUANCE OF AN APPRENTICE COMPETENCY CERTIFICATE ONCE YOU ARRIVE IN QUÉBEC

As an immigrant, you may be able to benefit from a measure facilitating access to the construction industry: you may obtain an ACC without having to present a job guarantee and you will have until the renewal of the ACC to demonstrate your academic prerequisites. Note that this measure may be used **only once** per trade.

#### Required to present your certificate application WITH THE ACCESS MEASURE for immigrants

- Obtain a social insurance number issued by Service Canada;
- Supply proof that you have passed the course Santé et sécurité générale sur les chantiers de construction.
- Note: If you took the course prior to your arrival in Québec, make sure to provide the last 4 numbers of your social insurance number to ASP Construction when you obtain it;
- Fill out the form Application for registration or modification of identification file or choice of union association, available at ccq.org including section 3.

Note: In section 1, you do not have to write in a permanent code.

For more information concerning the union associations, visit <a href="www.ccq.org/labourrelations">www.ccq.org/labourrelations</a>;

- Attach the acceptance letter Analyse préliminaire CCA 35%;
- Provide a photocopy of an official piece of identification; to find out which documents are recognized, visit www.ccq.org/documentsreconnus;
- Pay the \$100 fee required for issuance of a competency certificate (cheque, money order, credit card, debit card, or cash).

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.

# HOW TO PREPARE YOUR APPLICATION FOR ISSUANCE OF AN APPRENTICE COMPETENCY CERTIFICATE ONCE YOU ARRIVE IN QUÉBEC (CONTINUED)

Required to present your certificate application under the **GENERAL RULE** (if you did not choose to use the access measure for immigrants)

- Obtain a social insurance number issued by Service Canada;
- Supply proof that you have passed the course Santé et sécurité générale sur les chantiers de construction.
- Note: If you took the course prior to your arrival in Québec, make sure to provide the last 4 numbers of your social insurance number to ASP Construction when you obtain it;
- Fill out the form Application for registration or modification of identification file or choice of union association, available at ccq.org. Note: In section 1, you do not have to write in a permanent code.
- For more information concerning the union associations, visit <a href="www.ccq.org/labourrelations">www.ccq.org/labourrelations</a>;
- Attach the document guaranteeing a job of a duration of at least 150 hours over a period of at most 3 consecutive months from an employer in Québec;
- Attach the acceptance letter Analyse préliminaire CCA 35%;
- Provide a photocopy of an official piece of identification; to find out which documents are recognized, visit www.ccq.org/documentsreconnus;
- Pay the \$100 fee required for issuance of a competency certificate (cheque, money order, credit card, debit card, or cash);
- Provide proof that you hold the academic or functional prerequisites required for the trade covered in your application by submitting one or the other of these documents:
- An attestation of prerequisites filled out by a school service centre recognized in Québec,
- A comparative evaluation of studies completed outside of Québec by the Ministère de l'Immigration, de la Francisation et de l'Intégration (MIFI).

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 <a href="https://www.oqlf.gouv.qc.ca">www.oqlf.gouv.qc.ca</a>.

### 3. Sending your application

Please send photocopies of all your documents, forms, and supporting documents by mail to:

Commission de la construction du Québec Dossier de reconnaissance internationale Case postale 2010, succursale Chabanel Montréal (Québec) H2N 0C3

#### 3. Response time

If your application is properly filled out and we have all the required supporting documents, it will be processed within 3 working days following its receipt. If applicable, your certificate will be mailed to your mailing address in Québec.