

# APPLICATION FOR PRELIMINARY ANALYSIS

# RECOGNITION OF WORK HOURS (INTERNATIONAL RECRUITMENT) IN TASKS CORRESPONDING TO AN OCCUPATION

**IMPORTANT** 

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

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

| 1. APPLICANT IDENTIFICATION |         |                             |          |              |  |  |
|-----------------------------|---------|-----------------------------|----------|--------------|--|--|
| Last name*                  |         | First name*                 |          |              |  |  |
| Primary telephone no.*      |         | Other telephone number      |          |              |  |  |
| No.*                        | Street* |                             | Apt. no. |              |  |  |
| P.O. box                    | City*   | Province* Country*          |          | Postal code* |  |  |
| Email address*              |         |                             |          |              |  |  |
| 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** (see the *Work hours sheet employee* at the end of this form), with information for 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.

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

If your documents are written in a language other than French, please provide those documents and attach a professional translation into French for each. 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.oglf.gouv.gc.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 th  | is form.  |
| Last name*   | First name*   |
|  |   |
| 3. CONSENT OF THE APPLICANT  |   |
|  | trated in the present form is solely for the application for issuance epted, this calculation will have no impact on my wage rate when  |
| Applicant's signature*   | Date (YYYY-MM-DD)   |
|  |   |
| 4. APPLICANT'S DECLARATION AND AUTHORIZATION   |   |
| authenticity of my declarations and the validity of the documents of my academic records with the Ministère de l'Éducation, for the exemption from holding a competency certificate, or a registrati recognition of apprenticeship hours; for recognition of vocationa the Fonds de formation des salariés de l'industrie de la constructiconcerned may transmit to the CCQ copies of the documents that I understand that making a false declaration, falsification of a docertificate, an exemption from holding a competency certificate workforce, for admission to the qualification examination and/or may lead to its cancellation as well as criminal prosecution under training and workforce management in the construction industry ( | ocument, or use of any falsified document to obtain a competency e, a registration certificate, a measure to benefit diversity of the for my apprenticeship classification constitutes an infraction that section 119.1 or 122 (4) of Act respecting labour relations, vocational CQLR, chap. 20).  Allysis of my application lasts or as long as I hold a valid competency |
| Applicant's signature*   | Date (YYYY-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 THE APPLICANT  |                                       |                            |  |  |  |   |  |   |  |
|--|---------------------------------------|----------------------------|--|--|--|---|--|---|--|
| CCQ client no. or social insurance no.*  |                                       |                            |  | Trade or specialty for which you want hours recognized |  |   |  |   |  |
| Last name*   |                                       |                            | First name*                                    | First name*  |  |   |  |   |  |
|  |                                       |                            |  |  |  |   |  |   |  |
| 2. COMPANY IDENTIFIC   | CATIO                                 | N                          |  |  |  |   |  |   |  |
| Company name   |                                       |                            |  | CCQ employer r   | o. (if av                                  | vailable)                                   |  |   |  |
| Primary telephone no.  Name and position of the person responsible at the company                      |                                       |                            |  |  |  |   |  |   |  |
| No.  | Street                                |                            | Suite o  |  |  | Suite or unit no.                           |  | P.O. Box  |  |
| City   |                                       | ŀ                          | Province                                       | Country  |  |   | Postal co                                  | de  |  |
|  |                                       |                            |  |  |  |   |  |   |  |
| 3. SUMMARY OF HOUR   |                                       |                            |  |  |  |   |  |   |  |
| For each of the years for which you<br>The most common proofs are pay st                               |                                       |                            | you must provide pro                           | oofs of remuneration                                   | that co                                    | rrespond to the nun                         | nber of hour                               | rs you are submitting.  |  |
| Year   | Year                                  |                            | Year   |  | Year                                       |   |  | Year  |  |
| Total number of hours for this year  | Total nu                              | umber of hours for this ye | ear Total number of                            | f hours for this year                                  | Total                                      | number of hours for this year T             |  | Total number of hours for this year                                     |  |
|  |                                       |                            |  |  |  |   |  |   |  |
| 4. DESCRIPTION OF TY   | PES 0                                 | F CONSTRUCTION             | ON SITE  |  |  |   |  |   |  |
| The hours recognized must have to on the sheet. A short description construction in a province other t | is recom                              | mended (e.g., housing      | ct to Act R-20 (either<br>renovation, construc | er inside or outside<br>ction of sidewalks             | Québe<br>for 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  |                                       | pecify the type of build   | ling and the nature o                          | of the work:   |  |   |  |   |  |
| Institutional and commercia  | Institutional and commercial Specify: |                            |  |  |  |   |  |   |  |
| Industrial   | S                                     | pecify:                    |  |  |  |   |  |   |  |
| Civil engineering and roads  | S                                     | pecify:                    |  |  |  |   |  |   |  |
| Other  | ner Specify:                          |                            |  |  |  |   |  |   |  |
| 5. DESCRIPTION OF TA   | SKS                                   |                            |  |  |  |   |  |   |  |
| Describe the tasks performed on Schedule A of the Regulation resp                                      |                                       |                            |  |  |  |   | s for each t                               | rade or specialty are defined in  |  |
| Detailed description of the task   |                                       |                            |  |  |  | Percen                                      | tage of hou                                | urs dedicated to this task  |  |
| Detailed description of the task   |                                       |                            |  |  |  | Percen                                      | tage of hou                                | urs dedicated to this task  |  |
| Detailed description of the task   |                                       |                            |  |  |  | Percen                                      | tage of hou                                | urs dedicated to this task  |  |
| Detailed description of the task   |                                       |                            |  |  | Percen                                     | Percentage of hours dedicated to this task  |  |   |  |
| Detailed description of the task   |                                       |                            |  |  |  | Percen                                      | 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             |  |   |  | urs dedicated to this task  |  |
| If you used machinery to perform   | these ta                              | sks, please provide the    | e brand, the model, a                          | and, if applicable, t                                  | he liftir                                  | ng capacity of the r                        | machinery                                  | used:   |  |
|  |                                       |                            |  |  |  |   | •  |   |  |

| IDENTIFICATION OF THE APPLICANT  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Please write your information again so that we can ident   | ify you for the next part of this form.  |  |  |  |  |  |
| CCQ client no. or social insurance no.*  | CQ client no. or social insurance no.* Last name* First name*  |  |  |  |  |  |
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| C. CIONATUDE AND ATTECTATION OF T  | LE DEDOON DECDONOIDI E ATTUE COM   | DANIV  |  |  |  |  |
| 6. SIGNATURE AND ATTESTATION OF TH   | HE PERSON RESPONSIBLE AT THE COMP  | PANY   |  |  |  |  |
| I declare that all information given above is ac   | ccurate.   |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Signature of the person responsible at the company*  Date (YYYY-MM-DD)   |  |  |  |  |  |  |
| Signature of the person responsible at the company   |  |  |  |  |  |  |
| 7. APPLICANT'S SIGNATURE   |  |  |  |  |  |  |
| any falsified document to obtain a competend<br>a measure to benefit diversity of the workford<br>constitutes an infraction that may lead to its | ccurate. I understand that making a false decl<br>cy certificate, an exemption from holding a com<br>e, for admission to the qualification examination<br>cancellation as well as criminal prosecution ur<br>force management in the construction industry ( | petency certificate, a registration certificate, on and/or for my apprenticeship classification or needed and the section 119.1 or 122 (4) of Act respecting |  |  |  |  |
| 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   |                               |                           |  |  |  |  |                                |  |
|--|-------------------------------|---------------------------|--|--|--|--|--------------------------------|--|
|  |                               |                           | Trade or specialty for which you want hours recognized |  |  |  |                                |  |
| Last name*   |                               |                           | First  | name*                                      |  |  |                                |  |
|  |                               |                           |  |  |  |  |                                |  |
| 2. COMPANY IDENTIFI  | CATION                        |                           |  |  |  |  |                                |  |
| Company name   |                               |                           | CCQ employer no. (if available)                        |  |  |  |                                |  |
| Primary telephone no.  |                               |                           | Position in the company                                |  |  |  |                                |  |
| No.  | Street                        |                           |  |  | Suite or unit no.                          | or unit no. P.O. Box                       |                                |  |
| City   |                               | Province                  |  | Country                                    |  | Postal code                                |                                |  |
|  |                               |                           |  |  |  |  |                                |  |
| 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  | is recommended (e.g., housing |                           |  |  |  |  |                                |  |
| Residential  | Specify the type of bu        | illding and the nature of | the w  | nrk:                                       |  |  |                                |  |
| Institutional and commercia  |                               |                           |  |  |  |  |                                |  |
| Industrial   | Specify:                      |                           |  |  |  |  |                                |  |
| Civil engineering and roads  | Specify:                      |                           |  |  |  |  |                                |  |
| Other  | Specify:                      |                           |  |  |  |  |                                |  |
|  |                               |                           |  |  |  |  |                                |  |
| 4. DESCRIPTION OF TA   | ISKS                          |                           |  |  |  |  |                                |  |
| Describe the tasks performed on Schedule A of the Regulation res   | the sites and the percentage  |                           |  |  |  | s for each tra                             | de or specialty are defined in |  |
| Detailed description of the task   |                               |                           |  |  | Percei                                     | Percentage of hours dedicated to this task |                                |  |
| Detailed description of the task   |                               |                           |  |  | Percei                                     | Percentage of hours dedicated to this task |                                |  |
| Detailed description of the task   |                               |                           |  |  | Percentage of hours dedicated to this task |  |                                |  |
| Detailed description of the task   |                               |                           |  | Percei                                     | Percentage of hours dedicated to this task |  |                                |  |
| Detailed description of the task   |                               |                           |  |  | Percentage of hours dedicated to this task |  |                                |  |
| Detailed description of the task   |                               |                           |  | Percentage of hours dedicated to this task |  |  |                                |  |
| Detailed description of the task   |                               |                           |  | Percentage of hours dedicated to this task |  |  |                                |  |
|  |                               |                           |  |  |  |  |                                |  |
| If you used machinery to perform these tasks, please provide the brand, the model, and, if applicable, the lifting capacity of the machinery used: |                               |                           |  |  |  |  |                                |  |
|  |                               |                           |  |  |  |  |                                |  |

| IDENTIFICATION OF THE APPLICANT  |   |  |                    |    |  |  |  |
|--|---|--|--------------------|----|--|--|--|
| lease write your information again so that we can identify you for the next part of this form.   |   |  |                    |    |  |  |  |
| CCQ client no. or soci   | Q client no. or social insurance no.*  Last name* |  |                    | Fi | rst name*  |  |  |
|  |   |  |                    |    |  |  |  |
| 5. CONTRACTS FOR WHICH THE ABOVE TASKS WERE PERFORMED  |   |  |                    |    |  |  |  |
|  |   |  |                    |    | and the state of the second second second second |  |  |
| Dates of contracts<br>(YYYY-MM-DD to   |   | each contract mentioned on this sheet (e.g., involved of company or client | Number<br>of hours |    | Type of construction site                        |  |  |
| YYYY-MM-DD)  |   |  | claime             | ed |  |  |  |
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|  |   |  |                    |    |  |  |  |
| 6. APPLICANT'S SIGNATURE   |   |  |                    |    |  |  |  |
| I declare that all information given above is accurate. I understand that making a false declaration, falsification of a document, or use of any falsified document to obtain a competency certificate, an exemption from holding a competency certificate, a registration certificate, a measure to benefit diversity of the workforce, for admission to the qualification examination and/or for my apprenticeship classification constitutes an infraction that may lead to its cancellation as well as criminal prosecution under section 119.1 or 122 (4) of Act respecting labour relations, vocational training and workforce management in the construction industry (CQLR, chap. 20). |   |  |                    |    |  |  |  |
| Annlicant's sign   | atura*  |  |                    |    | 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

- Documents relating to recognition of work hours that prove at least 750 hours of work in tasks corresponding to an occupation outside of the field of application of Act R-20.
- Fill out the form Application for preliminary analysis Recognition of work hours (international recruitment) in tasks corresponding to an occupation:
  - 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 self-employed worker;
- Provide proofs of remuneration to validate each of the work experience sheets (pay stubs, tax slips).

#### 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, <a href="https://www.oglf.gouv.qc.ca">www.oglf.gouv.qc.ca</a>.

### 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 OCCUPATION 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 OCC without having to present a job guarantee.

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

- Obtain a social insurance number issued by Service Canada;
- $\bullet \ \text{Supply proof that you have passed the course } \textit{Sant\'e et s\'ecurit\'e g\'en\'erale sur les chantiers de construction}.$ 
  - 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 ofidentification 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 CCO 750 heures;
- 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 <a href="https://www.oqlf.gouv.qc.ca">www.oqlf.gouv.qc.ca</a>.

# HOW TO PREPARE YOUR APPLICATION FOR ISSUANCE OF AN OCCUPATION 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 ofidentification 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 CCO 750 heures;
- 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 <a href="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

#### 4. 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.