

### IMPORTANT

- You must also fill out the form [Application for registration or modification of identification file or choice of union association](#) and attach it to this occupation competency certificate application.
- You must then send the Commission de la construction du Québec (CCQ) the forms mentioned in the preceding point.

The fields marked with an asterisk (\*) must be filled out

### 1. IDENTIFICATION OF THE APPLICANT

CCQ client no. or social insurance no.\*

Last name\*

First name\*

### 2. DOCUMENTS REQUIRED FOR THE COMPETENCY CERTIFICATE APPLICATION

For detailed information concerning an application for an occupation competency certificate, please visit [www.ccq.org/occupation](http://www.ccq.org/occupation)

For the application for an occupation competency certificate, here is what you must present:

Regular measure:	Measure to favour access by women, First Nations people and Inuit, and people representative of the diversity of Québec society:
<ol style="list-style-type: none"> <li>1. The form <i>Application for Registration or Modification of Identification File or Choice of Union Association</i>, duly filled out;</li> <li>2. Letter of guarantee of employment for 150 hours over three consecutive months from an employer registered with the CCQ;</li> <li>3. Photocopy of a recognized official and valid document to confirm your identity;</li> <li>4. Attestation showing that you passed the <i>Health and Safety on Construction Sites</i> course;</li> <li>5. Documents relating to recognition of work hours that prove, in as detailed a way as possible, at least 750 hours of work in tasks corresponding to an occupation in the construction industry outside of the field of application of Act R-20.</li> </ol>	<p>This measure allows you to obtain an OCC without having to present a job guarantee.</p> <p>To benefit from this measure, here is what you must present:</p> <ol style="list-style-type: none"> <li>1. The form <i>Application for Registration or Modification of Identification File or Choice of Union Association</i>, duly filled out including <b>section 3</b>;</li> <li>2. Photocopy of a recognized official and valid document to confirm your identity;</li> <li>3. Attestation showing that you passed the <i>Health and Safety on Construction Sites</i> course;</li> <li>4. Documents relating to recognition of work hours that prove, in as detailed a way as possible, at least 750 hours of work in tasks corresponding to an occupation in the construction industry outside of the field of application of Act R-20.</li> </ol>
For hours of work performed outside the fields of application of Act R-20 or for hours of training, you must provide photocopies of the following documentation:	
Documentation as an employee	Documentation as an employer
<ol style="list-style-type: none"> <li>1. One or more <b>work hours sheets</b> (see the <i>Work hours sheet – employee</i> at the end of this form), with section 6 signed by the person responsible at the company for which you have performed tasks related to your trade;</li> <li>2. Proof of remuneration to validate each work hours sheet (pay stubs, T4 tax slip or relevé 1, or 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.</li> </ol>	<ol style="list-style-type: none"> <li>1. For each year for which you wish to have hours recognized, submit photocopies of the following documents: <ul style="list-style-type: none"> <li>– The detailed notice of assessment issued by the Canada Revenue Agency, or</li> <li>– For the owner of a sole proprietorship: the provincial tax return, including company revenues, and the provincial notice of assessment,</li> <li>– For a shareholder, company administrator, or partner in a company: the provincial corporation income tax return (CO-17) and provincial notice of assessment;</li> </ul> </li> <li>2. One or more <b>work hours sheets</b>: give the information for each contract (see the <i>Work hours sheet – employer</i> at the end of this form);</li> <li>3. For each contract, provide proof that demonstrates execution of the work (e.g., invoice, signed contract, letter from work provider)</li> </ol>

## IDENTIFICATION OF THE APPLICANT

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

CCQ client no. or social insurance no.*	Last name*	First name*
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## 2. DOCUMENTS REQUIRED FOR THE COMPETENCY CERTIFICATE APPLICATION (CONTINUED)

**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](http://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.**

## 3. CONSENT OF THE APPLICANT

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

Applicant's signature\*

Date (YYYY-MM-DD)

## 4. PAYMENT OF THE \$100 FEE

Paid by <input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Cash on account	Method of payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Credit card	
Credit card no.	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Expiry date
Name of credit card holder	Signature of credit card holder*	

## 5. APPLICANT'S DECLARATION AND AUTHORIZATION

I declare that all information given above is accurate. I authorize the Commission de la construction du Québec (CCQ) to verify the authenticity of my declarations and the validity of the documents submitted with the organizations concerned, as well as the validity of my academic records with the Ministère de l'Éducation, for the purpose of analysis for issuance of a competency certificate, an exemption from holding a competency certificate, or a registration certificate; for admission to the qualification examination; for recognition of apprenticeship hours; for recognition of vocational qualification; or for admission to a training activity pursuant to the Fonds de formation des salariés de l'industrie de la construction. For these purposes, I expressly consent that the organizations concerned may transmit to the CCQ copies of the documents that I have supplied in support of my application.

I understand that making a false declaration, falsification of a document, or use of any falsified document to obtain a competency certificate, an exemption from holding a competency certificate, a registration certificate, a measure to benefit diversity of the workforce, for admission to the qualification examination and/or for my apprenticeship classification constitutes an infraction that may lead to its cancellation as well as criminal prosecution under section 119.1 or 122 (4) of *Act respecting labour relations, vocational training and workforce management in the construction industry* (CQLR, chap. 20).

The present authorization or a copy of it will be valid as long as analysis of my application lasts or as long as I hold a valid competency certificate, exemption, or registration certificate issued or renewed by the CCQ.

Applicant's signature\*

Date (YYYY-MM-DD)

**Please return this form with supporting documents, if applicable, to the address below.**

Commission de la construction du Québec  
Comité d'étude – dossier salarié(e)  
Case postale 2010, succursale Chabanel  
Montréal (Québec) H2N 0C3

# WORK HOURS SHEET – EMPLOYEE

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

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

## 1. IDENTIFICATION OF THE APPLICANT

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

## 2. COMPANY IDENTIFICATION

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

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

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

Year	Year	Year	Year	Year
Total number of hours for this year	Total number of hours for this year	Total number of hours for this year	Total number of hours for this year	Total number of hours for this year

## 4. DESCRIPTION OF TYPES OF CONSTRUCTION SITE

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

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

## 5. DESCRIPTION OF TASKS

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

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:

## IDENTIFICATION OF THE APPLICANT

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

CCQ client no. or social insurance no.\*

Last name\*

First name\*

## 6. SIGNATURE AND ATTESTATION OF THE PERSON RESPONSIBLE AT THE COMPANY

I declare that all information given above is accurate.

\_\_\_\_\_  
Signature of the person responsible at the company\*

\_\_\_\_\_  
Date (YYYY-MM-DD)

## 7. 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).

\_\_\_\_\_  
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*	First name*

## 2. COMPANY IDENTIFICATION

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

## 3. DESCRIPTION OF TYPES OF CONSTRUCTION SITE

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

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

## 4. DESCRIPTION OF TASKS

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

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:

## IDENTIFICATION OF THE APPLICANT

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

CCQ client no. or social insurance no.*	Last name*	First name*
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## 5. CONTRACTS FOR WHICH THE ABOVE TASKS WERE PERFORMED

You must attach a supporting document associated with each contract mentioned on this sheet (e.g., invoice, signed contract, letter from work provider).

[illegible]

## 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).

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