

APPLICATION FOR EXEMPTION FROM HOLDING A COMPETENCY CERTIFICATE

QUALIFICATION OUTSIDE OF QUÉBEC OR INTERGOVERNMENTAL AGREEMENT APPRENTICESHIP OUTSIDE OF QUÉBEC/EXCHANGE PROGRAM

IMPORTANT

- The employee must fill out the form [Registration or Modification to Identification and/or Union Association Choice](#).
- You must then send this form to the CCQ with your application for exemption.

All fields marked with an asterisk (*) are required.

1. EMPLOYER

| | |
|------------------|----------------|
| Company name* | |
| Employer number* | Telephone no.* |
| Cell phone no. | Fax no. |

2. EMPLOYEE

| | | |
|------------|------------|-------------|
| Client no. | Last name* | First name* |
|------------|------------|-------------|

3. APPLICATION

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|---|
| Trade or occupation covered in the application* |
| For all situations, attach: - Proof of having passed the course "Santé et sécurité générale sur les chantiers de construction"* (only for an initial application) |
| Check the applicable situation and attach the documentation requested* |
| <input type="checkbox"/> Qualification outside of Québec or intergovernmental agreement - Proof that the person holds, outside of Québec, the qualification to execute the work applied for under a qualification system deemed equivalent to that in Québec |
| <input type="checkbox"/> Apprenticeship outside of Québec - Proof that the person is admitted to apprenticeship in the trade under an apprenticeship system established outside of Québec and deemed equivalent to that in Québec |
| <input type="checkbox"/> Exchange program - Proof that the person must execute work under an interprovincial or international agreement regarding an exchange program for workforce vocational training, and a copy of said agreement |

4. PAYMENT OF THE \$100 FEE

| | |
|--|--|
| Paid by <input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Cash on account | Method <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 <input type="checkbox"/> Expiry date |
| Name of credit card holder | Signature of credit card holder |

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

Commission de la construction du Québec
C. P. 2010, succ. Chabanel
Montréal (Québec) H2N 0C3