

**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*
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## 3. OBLIGATIONS

- The person executing newly covered work may apply for an exemption for this purpose if the criteria are met
- The application must be submitted at most 12 months following the date of the new coverage
- An exemption issued for this purpose is valid for:
  - The newly covered work as identified in the exemption
  - 12 months following the date of issuance
  - The placement region given on the exemption
  - All employers

## 4. APPLICATION

Please attach to the application the required documents and provide the information requested

- Proof of at least 300 hours of relevant experience related to the newly covered work that has been worked over the 12 months preceding the date of the new coverage.  
In certain cases, to prove these hours, the CCQ reserves the right to ask for letters from your employers describing the work done and financial documentation, such as income tax statements or paystubs.
- Proof of having passed the course "Santé et sécurité générale sur les chantiers de construction" (only for an initial application)

If you work at least 1,000 hours after the initial issuance of this exemption, the CCQ may issue you an apprentice or occupation competency certificate. In this case, you will have to demonstrate that you possess the academic prerequisites for the trade covered in the application.

## 5. 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