

1. EMPLOYER INFORMATION

Employer's name				CCQ employer no.	
Name of person responsible			Title		
No.	Street		Apt. no.	City	
Province		Postal code	Telephone no.		Fax no.

2. REQUEST FOR REVIEW OF PENALTY

The Commission de la construction du Québec (CCQ) may cancel a penalty if your delay was caused by one of the following situations, on condition that you provide the documentation requested. Please tick the box or boxes corresponding to your situation:

<input type="checkbox"/> Action attributable to the CCQ (e.g., error, delay, computer malfunction)	Describe this situation and attach the relevant documents:
<input type="checkbox"/> Exceptional situation independent of the employer. Indicate which situation applies to you.	<input type="checkbox"/> Serious illness or serious accident (attach a medical certificate or any other relevant document) <input type="checkbox"/> Death in the immediate family (attach a copy of the death certificate or any other relevant document) <input type="checkbox"/> Interruption of postal service (attach notice from Post Canada) <input type="checkbox"/> Natural catastrophe, flood, or fire (attach the police report, insurance company's report, or fire report)
<input type="checkbox"/> Other situations (e.g., administrative error or particular temporary situation respecting the employer)	Describe this situation and attach the relevant documents:

Describe in detail the facts and circumstances justifying your request. You must explain how the situation described has kept you from fulfilling your obligations related to Act R-20 and why the penalty invoice should be reviewed.

--

3. INFORMATION ON THE REQUEST

Specify the period or periods covered by your request for review of penalty:

Monthly report period	Monthly report amount	Penalty amount
Monthly report period	Monthly report amount	Penalty amount
Monthly report period	Monthly report amount	Penalty amount
Monthly report period	Monthly report amount	Penalty amount
Monthly report period	Monthly report amount	Penalty amount
Monthly report period	Monthly report amount	Penalty amount

4. SIGNATURE

I declare that all information provided in this document is accurate and complete.

Name of requester or company's person responsible (in capital letters)

Telephone no.

Signature of requester or company's person responsible

Date (YYYY-MM-DD)

Return this form with the documentation by:

- email: revision.penalites@ccq.org
- mail: Commission de la construction du Québec
Direction des ressources financières
Case postale 2000, succ. Chabanel
Montréal (Québec) H2N 0B7

To contact us:

Call 514 341-7740, ext. 6965, or toll-free 1 877 941-7740, ext. 6965.

Processing of the request:

Requests for review are generally processed within 30 days.