

- Fields marked by an asterisk (*) must be filled in.
- The history of hours worked will be sent by mail within 10 days of processing.

1. IDENTIFICATION OF REQUESTER

Last name*		First name*	
Main telephone no.		Secondary telephone no.	Email address*
No.*	Street*	Apartment no.	P.O. box
City*	Province	Country	Postal code*
For whom are you making this request?*			
<input type="checkbox"/>	Yourself		
<input type="checkbox"/>	A third party <small>Note: Enclose a consent form from the person concerned. You may use the form <i>Consent for the Communication of Personal and Confidential Information</i> available on our website.</small>		
<input type="checkbox"/>	A deceased person <small>Note: Enclose proof of your status.</small>		
<input type="checkbox"/>	Title of requester (for example, liquidator, heir, inheritor, beneficiary)		
<input type="checkbox"/>	Reason for the request (must disclose your interests or your rights)		
<input type="checkbox"/>	A person for whom you are the mandatary, curator, or guardian <small>Note: Enclose a copy of the mandate in case of incapacity and the judgment of homologation or a copy of the power of attorney if you have not already sent it to the CCQ.</small>		

2. DETAILS OF THE REQUEST

Identification of the person concerned in the request			
CCQ client no.*		Email address*	
Last name*		First name*	
I wish to obtain:*			
<input type="checkbox"/> Total hours in the file			
<input type="checkbox"/> The number of hours for the period from (YYYY-MM-DD) to (YYYY-MM-DD)			
<input type="checkbox"/> The number of hours for the trade of: only			
<input type="checkbox"/> The number of hours worked for the employer:			
Address to which to send the history of hours worked (if different from requester's address)			
No.	Street	Apartment no.	P.O. box
City	Province	Country	Postal code

3. REQUESTER'S SIGNATURE

Requester's signature (mandatory)	Date of the signature (mandatory) (YYYY-MM-DD)
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Please return this form, with documentation if applicable:

By mail:

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

By fax:

514 736-6714

By the online services:

sel.ccq.org

In one of our regional offices:

Abitibi-Témiscamingue

518, rue Giguère
Val-d'Or (Québec) J9P 6M4

Bas-Saint-Laurent–Gaspésie

188, rue des Gouverneurs
Rimouski (Québec) G5L 8G1

Côte-Nord

598, boul. Laure, Suite 112
Sept-Îles (Québec) G4R 1X7

Estrie

2700, rue Galt Ouest
Sherbrooke (Québec) J1K 2V8

Mauricie–Bois-Francs

225, rue des Forges, Suite 100
Trois-Rivières (Québec) G9A 2G7

Montréal

1201, boul. Crémazie Est
Montréal (Québec) H2M 0A6

Outaouais

225, montée Paiement
Gatineau (Québec) J8P 6M7

Québec

700, boul. Lebourgneuf, ground floor
Québec (Québec) G2J 1E2

Saguenay–Lac-Saint-Jean

1299, rue des Champs-Élysées, Suite 101
Saguenay (Québec) G7H 6P3