

The sections and fields marked with an asterisk (*) must be filled in.

1. INFORMATION ON THE COMPANY*

Commission de la construction du Québec (CCQ) employer no.*
Company name* (for any change regarding the company name, please contact Customer Services)

2. CHANGE OF ADDRESS

Physical address of the head office of the legal person (corporation), partnership, or sole proprietorship. IMPORTANT: This address must never be a post-office box.			
No.	Street	Apartment or suite no.	
City	Province	Postal code	
Main phone no.	Fax no.		
Cell phone no.	Email		
If the mailing address is different, fill in the section below			
No.	Street	Apartment or suite no.	
P.O. box	City	Province	Postal code

3. PERSON RESPONSIBLE

The person responsible is the person identified by the company to facilitate exchanges with the CCQ. This person will be authorized to obtain information and conduct certain transactions concerning your company's file.

<input type="checkbox"/> Addition	<input type="checkbox"/> Change	<input type="checkbox"/> Withdrawal
Last name of the person responsible for your file		First name of the person responsible for your file

4. CHANGE OF ADDRESS OF ACCOUNTANT OR REGISTRATION OF AN ACCOUNTANT

<input type="checkbox"/> Check here if no accountant is assigned to your file.	Auditing of the books (site where the registers and payroll can be examined)*	<input type="checkbox"/> Accountant	<input type="checkbox"/> Employer
Name of the accounting firm			
Last name of the person responsible for your file		First name of the person responsible for your file	
No.	Street	Apartment or suite no.	
P.O. Box	City	Province	Postal code
Accountant's phone no.		Accountant's fax no.	

5. UPDATE OF BUSINESS STATUS

<input type="checkbox"/> Going out of business (cessation of your activities)	Date of cessation (YYYY-MM-DD)
<input type="checkbox"/> Returning to business (starting up your activities again)	Date of start-up (YYYY-MM-DD)

6. SIGNATURE*

Last name of an administrator, a partner, or the owner of the sole proprietorship*	First name of an administrator, a partner, or the owner of the sole proprietorship*
<hr/>	
Signature of an administrator, a partner, or the owner of the sole proprietorship*	In witness whereof, I signed on (YYYY-MM-DD)

To reach Customer Services: 1 877 973-5383

Please return this form to the regional office in your region.

Abitibi-Témiscamingue

518 Rue Giguère
Val-d'Or, Québec J9P 6M4
Fax: 819 825-2192

Bas-Saint-Laurent-Gaspésie

188 Rue des Gouverneurs
Rimouski, Québec G5L 8G1
Fax: 418 725-3182

Côte-Nord

598 Boulevard Laure, Suite 112
Sept-Îles, Québec G4R 1X7
Fax: 418 962-7321

Estrie

2700 Rue Galt Ouest
Sherbrooke, Québec J1K 2V8
Fax: 819 565-5023

Mauricie-Bois-Francs

125 Rue des Forges, 5th Floor
Trois-Rivières, Québec G9A 2G7
Fax: 819 693-5625

Montréal

1201 Boulevard Crémazie Est
Montréal, Québec H2M 0A6
Fax: 514 341-4025

Outaouais

225 Montée Paiement
Gatineau, Québec J8P 6M7
Fax: 819 243-6018

Québec City

700 Boulevard Lebourgneuf, Ground Floor
Québec City, Québec G2J 1E2
Fax: 418 623-9234

Saguenay-Lac-Saint-Jean

1299 Rue des Champs-Élysées, Suite 101
Saguenay, Québec G7H 6P3
Fax: 418 698-4715