

IMPORTANT

When you apply for a competency certificate or exemption from holding one, you must provide various documents and information. Consult www.cq.org/officialdocuments.

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

1. IDENTIFICATION

CCQ client number or social insurance number*		Permanent code ¹ *		Date of birth (YYYY-MM-DD)*	
Last name*			First name*		
Main telephone number*			Secondary telephone number		
Aboriginal* <input type="checkbox"/> Yes <input type="checkbox"/> No	Eye colour* <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Black				
Height in metres or feet*		Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female		Language* <input type="checkbox"/> French <input type="checkbox"/> English	
Mailing address (where you want to receive your mail)*					
Date that this address comes into effect (YYYY-MM-DD), if you are planning to move					
No.	Street			Apartment no.	
P.O. box	City		Province	Postal code	
Residential address (principal residence)					
A) <input type="checkbox"/> Check if the residential address is the same as the mailing address. B) Fill in the boxes below if the residential address is different.					
No.	Street			Apartment no.	
P.O. box	City		Province	Postal code	

¹ The permanent code (composed of four letters followed by eight numbers) appears on transcripts, diplomas, and other documents issued by the Ministère de l'Éducation et de l'Enseignement supérieur (MEES) and on various documents issued by educational institutions.

2. AUTHORIZATION

I declare that all information given above is accurate. I authorize the Commission de la construction du Québec (CCQ) to verify with the organizations concerned the authenticity of the documents that I have submitted or the validity of my academic records with the Ministère de l'Éducation et de l'Enseignement supérieur for the purpose of analysis for issuance of a competency certificate, admission to the provincial qualification examination, recognition of apprenticeship hours, or admission to a training activity under the Fonds de formation des salariés de l'industrie de la construction. For this purpose, I expressly consent that the public bodies concerned may transmit to the CCQ copies of the documents that I have supplied in support of my application. I understand that making a false declaration, falsification of a document, and use of any falsified document to obtain a competency certificate or an exemption from holding a competency certificate constitute infractions that may lead to its cancellation as well as criminal prosecution under section 119.1 of Act R-20 (CQLR, ch. 20). The present authorization or a copy of it will be valid as long as analysis of my application lasts or as long as I hold a valid exemption or competency certificate issued or renewed by the CCQ.

Employee's signature (obligatory)

In witness whereof, I have signed on (YYYY-MM-DD)*

3. UNION MEMBERSHIP (FILL OUT ONLY IF YOU DO NOT HAVE A VOTE IN FORCE)

IMPORTANT For the following section, only one choice will be accepted. If you check the wrong box by mistake, the cancelled choice must be crossed out and initialled.

I hereby declare to have freely chosen the following union association (please indicate your choice with an X or a ✓):

- Centrale des syndicats démocratiques (CSD-CONSTRUCTION)
 Confédération des syndicats nationaux (CSN-CONSTRUCTION)
 Conseil provincial du Québec des métiers de la construction (International)
 Fédération des travailleurs et travailleuses du Québec (FTQ-Construction)
 Syndicat québécois de la construction (SQC)

Employee's signature (obligatory)

In witness whereof, I have signed on (YYYY-MM-DD)*