



**FIOE
IBEW**
LOCAL 568
QC

Inter

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QUÉBEC
418 687-5130

208-2300, boul. Père-Lelièvre
Québec (Québec) G1P 2X5
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SANS FRAIS
1 866 658-0568

fioe568.com
ibew568.com

F.A.T. – C.O.I. – C.T.C. – A.F.L. – C.I.O. – C.L.C.

Procedure for Workers from Outside Quebec

In order to work in Québec and have their skills officially recognized, new members arriving from outside the province must follow this procedure.

In addition to complying with this procedure, members are required to join our local union. By doing so, they also benefit from a reciprocity agreement that ensures the transfer of their pension and group insurance coverage.

► Steps to follow

1- Complete, print and sign the required forms:

- Employee Information Form
- Application for Recognition of Vocational Qualification (CCQ)
- Application for Registration or Modification of Identification File / Choice of Union Association (CCQ)
- Request for Transfer of Contributions (Reciprocity Agreement – CCQ)
- Employee Declaration in Accordance Form (Association de la Construction du Québec)

2- Provide copies of the following documents:

- Red Seal certificate or card
- Driver's license
- ASP certificate (Health and Safety on construction sites)
- Updated union dues official receipt and a referral letter from your LU.

3- Once completed:

First, email your completed documents to one of our business agents for review.

Once approved, attach all signed forms together with the required documents listed above, and mail the full package to our office at the following address:

IBEW LU 568
208-2300, boul. Père-Lelièvre
Québec, QC G1P 2X5

4- Important note:

If you are unsure whether a section needs to be filled out, leave it blank. Our team will complete it for you.

For any questions, please contact our Business Agents:

Vincent Lefebvre - 418 687-5130
vldefebvre@fioe568.com

Kenny Routhier - 418 554-3606
krouthier@fioe568.com

EMPLOYEE IDENTIFICATION



1- YOU ARE CURRENTLY:

☐ STUDENT OR ☐ R.A.C. Name of school : _____

☐ GRADUATE – ELECTRICIAN ☐ Journeyman OR Apprentice (level) : ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ GRADUATE – LINEMAN (class): ☐ 4 (helper) ☐ 3(C) ☐ 2(B) ☐ 1(A) ☐ T HOURS WORKED

2- PERSONAL INFORMATION :

FIRST NAME

NAME

ADDRESS

CITY

POSTAL CODE

DATE OF BIRTH (MM/DD/YYYY) N° CUSTOMER CCQ

SIN

 MOBILE

 HOME

☐ E-MAIL

☐ I agree to receive communication by e-mail.

3- EMERGENCY CONTACT

FULL NAME

 PHONE NUMBER

IMPORTANT

If you do not have a file with the Commission de la construction du Québec (CCQ), please fill out the form [Application for Registration or Modification of Identification File or Choice of Union Association](#).

You are qualified:

- ☐ Under the Interprovincial Standards Red Seal Program
- ☐ In Canada (except for Québec)
- ☐ By the Québec labour department
- ☐ Other (specify): _____

Note: To apply for recognition of hours, please use the form *Request for recognition of hours – Training or work experience*

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

1. IDENTIFICATION

Client no.		Permanent code ^{1*}	
Last Name*		First name*	
Main telephone no.		Secondary telephone no.	
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. INFORMATION

For which trade or specialty is this recognition intended? _____

From which agency did you obtain your qualification? _____

In which province? _____

In which year did you obtain your qualification? _____

In which city or province did you pass the exam? _____

Comments: _____

- Please attach a photocopy of the valid qualification certificate or any other document to support your application, if necessary.
- Please attach proof that you have passed the course *Santé et sécurité générale sur les chantiers de construction* or the equivalent.

3. APPLICATION CONCERNING THE MINISTÈRE DU TRAVAIL, DE L'EMPLOI ET DE LA SOLIDARITÉ SOCIALE (MTESS)

MTESS qualification certificate (lifting platform mechanics)

Documents to supply:

- A copy of your valid qualification certificate issued by the MTESS in Mécanique de systèmes de déplacement mécanisé ou en mécanique de plateformes élévatrices
- Proof that you have passed the course *Santé et sécurité générale sur les chantiers de construction*
- The form Application for registration or Modification of Identification File or Choice of Union Association, duly filled out

Note : In addition to supplying these documents, you must pay the \$100 fee by cheque or money order.

3. APPLICATION CONCERNING THE MINISTÈRE DU TRAVAIL, DE L'EMPLOI ET DE LA SOLIDARITÉ SOCIALE (MTESS) (CONTINUED)

MTESS qualification certificate (electrician, refrigeration system, plumbing, heating)

Important: You must hold proof of completion of vocational or technical studies recognized by the CCQ.

Documents to supply:

- A copy of your valid qualification certificate issued by the MTESS
- Proof that you have passed the course Santé et sécurité générale sur les chantiers de construction
- The form Application for Registration or Modification of Identification File or Choice of Union Association, duly filled out
- An original transcript of college studies recognized by the CCQ (for candidates who have graduated from a college study program)
- Demonstrate 8,000 hours of work and/or training credits by submitting proof of experience in your trade or specialty, including your apprenticeship hour credits. To have them recognized, you must supply the following:

If you are an employee

To have work experience hours recognized³, you must provide the following documents:

1. One or more **work experience sheets** (see this form, below), signed by the person responsible in the company for which you have performed tasks related to your trade or specialty
2. Photocopies of proof of pay for validating each work experience sheet (pay statements, T4 or Relevé 1 tax slips)²

If you are an employer

To have work experience hours recognized³, you must provide the following documents:

1. For each year requested:
 - The detailed notice of assessment issued by the Canada Revenue Agency
 - or
 - For owners of a sole proprietorship: the provincial income tax return including business income and the provincial notice of assessment
 - For shareholders, company administrators, and business partners: the company's provincial tax return (C017) and the provincial notice of assessment
2. **Work experience sheet**, indicate the information for each contract.
3. Documentation demonstrating execution of the work, for each contract submitted (e.g., invoice, contract, work provider's letter).

Note : In addition to supplying these documents, you must pay the \$100 fee by cheque or money order.

The CCQ reserves the right to request any further documents deemed relevant.

² If you have filled out a form for work outside of Québec as part of a reciprocity agreement (*Request for transfer of contributions – Reciprocity Agreement*), you do not need proof of pay for these hours.

³ The detailed tasks for each trade or specialty are defined in Schedule A of the *Regulation Respecting the Vocational Training of the Workforce in the Construction Industry* (chap. R-20, r. 8).

Please note that original documents will not be returned to you.

4. AUTHORIZATION

I declare that all information given above is accurate. I authorize the Commission de la construction du Québec (CCQ) to verify the authenticity of the documents that I am submitting with the organizations concerned or to validate my academic records with the Ministère de l'Éducation et de l'Enseignement supérieur, for the purpose of analysis for issuance of a competency or exemption certificate, admission to the provincial qualification examination, recognition of apprenticeship hours, recognition of vocational qualification, or admission to a training activity under the Fonds de formation des salariés de l'industrie de la construction.

For this purpose, I consent expressly to allow the organizations concerned to transmit to the CCQ copies of the documents that I have supplied to support my application.

I understand that making a false statement, falsification of a document, or use of any falsified document to obtain a competency certificate or an exemption from holding a competency certificate constitutes an infraction that may result in its cancellation and in 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 my application is under analysis or until I hold a valid exemption or competency certificate issued or renewed by the CCQ.

5. SIGNATURE

Signature

Date (YYYY-MM-DD)

Please return this form with supporting documents, if applicable, to the address below:

Commission de la construction du Québec
Case postale 2010, succursale Chabanel
Montréal (Québec) H2N 0C3

IMPORTANT

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

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

1. IDENTIFICATION

CCQ client no. or social insurance no.*		Permanent code ¹		
Last name*		First name*		
Address* <i>If the mailing address is different from the residential address, please complete section 5</i>				
No.	Street		Apartment no.	
P.O. box	City	Province	Postal code	Main telephone number*
Secondary telephone number	Date of birth (YYYY-MM-DD)*	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	

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. UNION MEMBERSHIP (fill out only if you do not have an effective union allegiance)

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)

Date (YYYY-MM-DD)*

3. DIVERSITY (read the definitions and terms of application in section 6 carefully)

Indigenous ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, you must specify the Nation, community and the registry or beneficiary number.		
	Nation*	Community*	Registry or beneficiary number*
Immigrant ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible minority ² <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnic minority ² <input type="checkbox"/> Yes <input type="checkbox"/> No	With disabilities ² <input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Documentation to be produced and declaration in section 4 to be signed. ² Declaration in section 4 to be signed.

4. DECLARATION AND AUTHORIZATION

I declare that all information given above is accurate. I authorize the Commission de la construction du Québec (CCQ) to verify the authenticity of my declarations and the validity of the documents submitted with the organizations concerned, as well as the validity of my academic records with the Ministère de l'Éducation, for the purpose of analysis for issuance of a competency certificate, an exemption from holding a competency certificate, or a registration certificate; for admission to the qualification examination; for recognition of apprenticeship hours; for recognition of vocational qualification; or for admission to a training activity pursuant to the Fonds de formation des salariés de l'industrie de la construction. For these purposes, I expressly consent that the organizations 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, or use of any falsified document to obtain a competency certificate, an exemption from holding a competency certificate, a registration certificate, or a measure to benefit diversity of the workforce constitutes an infraction that may lead to its cancellation as well as criminal prosecution under section 119.1 or 122 (4) of *Act respecting labour relations, vocational training and workforce management in the construction industry* (CQLR, chap. 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 competency certificate, exemption, or registration certificate issued or renewed by the CCQ.

Employee's signature (obligatory)

Date (YYYY-MM-DD)*

IDENTIFICATION

Please record your information again so that we can identify you in the following part of this form.

CCQ client no. or social insurance no.*

Last name*

First name*

5. MAILING ADDRESS (fill out only if the address is different from that indicated in section 1)

No.	Street	Apartment no.
P.O. box	City	Province
		Postal code

6. DEFINITIONS AND TERMS OF APPLICATION

A woman who holds a competency certificate or an exemption benefits from all the workforce diversity measures. Similarly, all people registered with the CCQ as representative of diversity benefit from all the associated measures. When a person benefits from diversity measures, his or her employer also benefits from the corresponding applicable advantages.

For more information, visit www.ccq.org/inclusion.

An individual may belong to several groups representative of diversity. However, a person who is a permanent resident or foreign national must at minimum identify himself or herself as an immigrant, and a person who is Indigenous may not identify at the same time as a member of a visible or ethnic minority. Moreover, a person cannot be both a visible minority and an ethnic minority.

In all cases, a person whose status representative of diversity changes must notify the CCQ immediately.

Indigenous	<p>An Indigenous person is a person who belongs to one of these groups: First Nations, Métis of Canada, Inuit with Indian status with the Canadian government, or whose status of Cree, Naskapi, or Inuit beneficiary has been recognized pursuant to the <i>Act respecting Cree, Inuit and Naskapi Native persons</i> (chapter A-33.1).</p> <p>For self-identification, one of the following supporting documents is required: photocopy, two-sided of Indian Status certificate or Nunavik Inuit Beneficiary Card.</p>
Immigrant	<p>The person is a permanent resident or a foreign national.</p> <p>The person who is not a Canadian citizen must identify himself or herself as an immigrant.</p> <p>For self-identification, one of the following supporting documents is required : photocopy of work permit, permanent resident card, or confirmation of permanent residency.</p>
Visible minority	<p>The person belongs to a visible minority because of the colour of his or her skin; he or she is not of the white race or colour. This does not include people who are Indigenous or belong to an ethnic minority.</p> <p>A person who belongs to a visible minority and is an immigrant must also identify himself or herself as an immigrant.</p>
Ethnic minority	<p>The person belongs to an ethnic minority when his or her first language is neither French nor English. This does not include Indigenous people or those belonging to a visible minority.</p> <p>A person who belongs to an ethnic minority and is an immigrant must also identify himself or herself as an immigrant.</p>
With disabilities	<p>The person is considered to have disabilities when he or she has an impairment resulting in a significant and persistent incapacity and is likely to encounter obstacles in performance of everyday activities.</p> <p>A person who is handicapped and an immigrant must also identify himself or herself as an immigrant.</p>

DEMANDE DE TRANSFERT DE COTISATIONS / REQUEST FOR TRANSFER OF CONTRIBUTIONS

ENTENTES DE RÉCIPROCITÉ / RECIPROCITY AGREEMENT

1. IDENTIFICATION DU SALARIÉ / IDENTIFICATION OF MEMBER

N° de client à la CCQ ou n° d'assurance sociale / CCQ client number or Social Insurance Number			
Nom / Last name		Prénom / First name	
N° de téléphone principal / Main telephone number		N° de téléphone secondaire / Secondary telephone number	
N° / No.	Rue / Street	N° d'appartement / Apartment no.	
Case postale / P.O. box	Ville / City	Province	Code postal / Postal code

2. ASSOCIATION SYNDICALE DONT VOUS ÊTES UN MEMBRE PERMANENT / ASSOCIATION WHERE YOU ARE A PERMANENT MEMBER

Nom et numéro de la section locale / Name and local union number
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3. TERRITOIRE TEMPORAIRE DE TRAVAIL / TEMPORARY EMPLOYMENT JURISDICTION

Ville / City	
Province	Métier / Trade
Association syndicale ayant juridiction sur ce territoire (association, numéro, local) / Union holding jurisdiction in this area (association, local union number)	
Premier jour de travail (AAAA-MM-JJ) / First day of work (YYYY-MM-DD)	Dernier jour de travail (AAAA-MM-JJ) / Last day of work (YYYY-MM-DD)

4. AUTORISATION DE TRANSFERT DES COTISATIONS D'ASSURANCE OU DE RETRAITE / AUTHORIZATION TO TRANSFER INSURANCE OR PENSION CONTRIBUTIONS

Par la présente, j'autorise le transfert à mon régime principal des sommes versées en mon nom dans le régime secondaire pour les heures travaillées sur le territoire temporaire de travail indiqué ci-dessus et j'autorise la Commission de la Construction du Québec à transmettre à mon régime secondaire tous les renseignements personnels qui me concernent et qui sont nécessaires aux fins d'un tel transfert. Ce transfert sera effectué en vertu de l'entente de réciprocité en vigueur. Je tiens également ces régimes quittes et indemnes de toute responsabilité qu'ils pourraient encourir en raison de tout tort subi par moi ou mes personnes à charge à la suite de ce transfert.

I hereby authorize the transfer to my Home Fund of the sums paid on my behalf to the Related Fund for the hours worked in the temporary area of work indicated above and authorize the Commission de la construction du Québec to transmit to my Related Fund all my personal information necessary to complete such a transfer. This transfer will be executed in accordance with the reciprocal agreement in force. I do further release the said funds and agree to hold them harmless for any and all liability which they might incur by reason of any damages resulting to myself and my dependents following this transfer.

J'autorise le transfert des cotisations / I authorize the transfer of contributions:	Assurance / Insurance	<input type="checkbox"/> Oui / Yes	<input type="checkbox"/> Non / No
	Retraite / Pension	<input type="checkbox"/> Oui / Yes	<input type="checkbox"/> Non / No
Signature du salarié (obligatoire) / Member's signature (obligatory)		En foi de quoi, j'ai signé le (AAAA-MM-JJ) / In witness whereof, I have signed on (YYYY-MM-DD)	

Veillez retourner ce formulaire à l'adresse ci-dessous. / Please return this form to the address below.

Commission de la construction du Québec
Section Retraite et assurance vie
C. P. 2500, succ. Chabanel
Montréal (Québec) H2N 0A9

INFORMATIONS / INFORMATION

Les ententes de réciprocité permettent, à certaines conditions, de transférer des cotisations d'assurance et de retraite entre le régime d'avantages sociaux de l'industrie de la construction du Québec et des régimes de l'extérieur du Québec. Cela permet au salarié de regrouper tous ses argents dans un seul régime; dans certains cas, il obtient ainsi de meilleurs bénéfices d'assurance ou de retraite.

If certain conditions are met, the reciprocal agreement permits the transfer of insurance and pension contributions between the Québec Construction Industry's Social Benefit Plan and such plans outside Québec. This allows the employee to accumulate all his contributions in one sole plan. In certain cases, the employee can obtain better insurance or pension benefits.

DÉFINITIONS

Régime principal / Home Fund:

Le régime d'avantages sociaux établi pour les membres de l'Association syndicale auquel appartient le salarié. / The Social Benefit Plan established for the members of the association where the employee is a member.

Régime secondaire / Related Fund:

Tout autre régime d'avantages sociaux s'appliquant à l'extérieur de la juridiction du régime principal du salarié. / Any other Social Benefit Plan that applies to an area outside the jurisdiction of the employee's home plan.

Exemple / Example: Pour un salarié du Québec allant travailler à Edmonton, Alberta / For an employee in Québec who leaves to work in Edmonton, Alberta:

- régime principal : celui de l'industrie de la construction du Québec administré par la CCQ. / Home Fund: the Québec Construction Industry's Plan administered by the CCQ;
- régime secondaire : le régime d'avantages sociaux en vigueur à Edmonton pour son métier. / Related Fund: the Social Benefit Plan in force in Edmonton for the employee's trade.

INSTRUCTIONS POUR SOUMETTRE LA DEMANDE / INSTRUCTIONS TO SUBMIT FORM

- Il est important de remplir ce formulaire dès que le salarié quitte la juridiction de son RÉGIME PRINCIPAL afin qu'il n'y ait pas d'interruption de ses protections d'assurance ou de perte de bénéfices de retraite. / It is important to complete the form when the employee leaves the Home Fund jurisdiction in order to avoid any interruption of its insurance protections or a loss of pension benefits.
- Un formulaire mal rempli peut entraîner un délai de traitement du transfert des cotisations. Le salarié pourrait alors perdre certains bénéfices d'assurance ou de retraite. / An improperly completed form could result in a delay in processing the transfer of contributions. The employee may lose certain welfare or pension benefits.

Le salarié doit faire parvenir le formulaire dûment rempli aux organisations suivantes :
The employee must send a copy of the duly completed form to the following organizations:

- Copie 1 / Copy 1: Commission de la construction du Québec
Section Retraite et assurance vie
C. P. 2500, succ. Chabanel, Montréal (Québec) H2N 0A9
- Copie 2 / Copy 2: l'administrateur du RÉGIME À L'EXTÉRIEUR DU QUÉBEC. / the FUND ADMINISTRATOR OUTSIDE QUÉBEC.
- Copie 3 / Copy 3: ASSOCIATION SYNDICALE du salarié. / the EMPLOYEE'S UNION office.
- Copie 4 / Copy 4: à conserver par le salarié pour son dossier / employee record

SALARIÉ ALLANT TRAVAILLER AUX ÉTATS-UNIS / EMPLOYEE WORKING IN THE UNITED STATES

- Le salarié doit communiquer avec la Régie de l'assurance maladie du Québec (RAMQ) pour connaître les impacts de son séjour aux États-Unis sur sa participation au régime d'assurance public du Québec. / The employee must contact the Régie de l'assurance maladie du Québec (RAMQ) to find out the impact of his stay in the United States on his participation in the Québec Public Insurance Plan.
- Si le salarié est assuré par MÉDIC Construction, ses dépenses sont remboursées comme si elles avaient été faites au Québec à la condition que la personne soit assurée par un régime public au Canada (exemple : le régime d'assurance maladie du Québec). Consultez le bulletin MÉDIC Construction pour connaître les protections applicables. / If the employee is insured under the MÉDIC Construction Plan, his expenses are reimbursed as though they had been incurred in Québec, on the condition however, that the employee is insured under a public plan in Canada (example: the Régime d'assurance maladie du Québec). Refer to the MÉDIC Construction bulletin to find out what coverages apply.

Important / Important: Le programme d'urgence médicale à l'étranger de MÉDIC Construction ne s'applique pas à une personne qui n'est pas assurée par un régime d'assurance public au Canada (celui de la RAMQ par exemple.) / MÉDIC Construction's Medical Emergency Abroad Program does not apply to a person who is not insured under a public insurance plan in Canada (for example, the RAMQ plan).



ASSOCIATION
DE LA CONSTRUCTION
DU QUÉBEC

EMPLOYEE DECLARATION
IN ACCORDANCE WITH PARAGRAPH 2 OF ARTICLE 6.03
(Please provide copies to: employer file, union, and CCQ)

Company name:

Employee name:

Trade, specialty or occupation:

Employee's home address:

Mailing address, if different:

Employee's telephone number:

Email address (optional):

Fax number (optional):

Social Insurance Number :

CCQ client number:

The name of my union is:

(If applicable, indicate the local number):

My union is affiliated with:

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)

Union membership card:

Presented by the employee

Not presented by the employee

Reason for inability to present it:

Hiring number obtained from the CCQ:

I agree to receive my pay slip, my record of employment and any other document related to my employment:

By email:

Yes

No

By fax:

Yes

No

Employee's signature:

Date :