



Ministry of Labour  
 Jobs Protection Office  
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# Worker Registration Application for Specialized Work

Ontario-Quebec Construction Labour Mobility Agreement

Check one

New registration     Amendment     Renewal

Registration No.

## Registration Identification

Applicant Last Name

Applicant First Name

## Home Address

Unit No.    Street No.    Street Name    PO Box    Postal Code

City/Town    Province    Home Telephone No.    Cell No.

Email    Fax No.

## Employer Information

Employer Name

Position

## Head Office Address

Unit No.    Street No.    Street Name    PO Box    Postal Code

City/Town    Province    Telephone No.    Fax No.

Project Location

## Applicant Signature

I, the undersigned, declare that the information provided and attached is true and complete. I authorize the Jobs Protection Office to verify all information included in this application.

**Falsification of information will lead to cancellation of this application.**

Applicant Signature

Date (yyyy/mm/dd)

## Ontario Government Use Only

Specialized Work

Proof of Manufacturer Training

Copies of paystub/T-4 or Notice of Assessment

Proof of H&S Training

Processor Name

Date (yyyy/mm/dd)

Approver (Director, Jobs Protection office)

Date (yyyy/mm/dd)