



Ministry of Labour  
 Jobs Protection Office  
 347 Preston Street, Suite 430  
 Ottawa ON K1S 3J4  
 Toll Free: 1 888 998-9959  
 Telephone: 613 288-3847  
 Fax: 613 727-2900

# Contractor Registration Application for Specialized Work

Ontario-Quebec Construction Labour Mobility Agreement

Check one  New registration  Amendment  Renewal

## Registration Identification

Company Legal Name	Company Trade Name
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Ministry of Government Services Corporate No. (please enclose copy of MGS registration)

Unit No.	Street No.	Street Name	Rural Route	PO Box
City/Town		Province	Postal Code	Telephone No.
Email				Fax No.

**Do you have a licence from the Régie des bâtiments du Québec (RBQ)?**

<input type="checkbox"/> Yes      If "Yes", licence No.	<input type="checkbox"/> No      If "No", date of application (yyyy/mm/dd)
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**If you are exempt from an RBQ licence, please include letter of exemption** (with exemption you must also enclose Company profile)

Brochure     Letter     Website Address

Describe main tasks and techniques performed and identify the product(s) involved.

Project location(s) and duration in Quebec.

Please describe the specialized instruction/training received from the manufacturer.

Name of Manufacturer			Length of training/instruction		
Unit No.	Street No.	Street Name	Rural Route	PO Box	
City/Town		Province	Postal Code	Telephone No.	
Email				Fax No.	

**Please list the names, address and job title of employees who have been trained according to the manufacturers requirements regarding the installation/use of this product. (use additional sheets as required)**

Employee Name			Job Title		
Unit No.	Street No.	Street Name	Rural Route	PO Box	
City/Town		Province	Postal Code	Telephone No.	

Employee Name			Job Title		
Unit No.	Street No.	Street Name	Rural Route	PO Box	
City/Town		Province	Postal Code	Telephone No.	

Employee Name			Job Title		
Unit No.	Street No.	Street Name	Rural Route	PO Box	
City/Town		Province	Postal Code	Telephone No.	

**Copy of application sent to CCQ Date (yyyy/mm/dd)**

### 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 Last Name			Applicant First Name		
Telephone No.	Cell No.	Fax No.	Applicant Signature	Date (yyyy/mm/dd)	

### Ontario Government Use Only

<input type="checkbox"/> Referred to Official Contact	Date (yyyy/mm/dd)
<input type="checkbox"/> Dispute Resolution Mechanism	Date (yyyy/mm/dd)
<input type="checkbox"/> Resolution	Date (yyyy/mm/dd)
<input type="checkbox"/> Access Denied	Date (yyyy/mm/dd)
Processor Name	Date (yyyy/mm/dd)
Approver (Manager, Jobs Protection office)	Date (yyyy/mm/dd)