

Ontario and Quebec have entered into an Agreement on Labour Mobility and Recognition of Qualifications, Skills and Work Experience in the Construction Industry (2006) that sets out measures to facilitate access to the construction labour markets in both provinces.

The personal information collected on this form and in all other communications related to this application will be used to administer the Agreement, including assessing and verifying your competency to work in any trade activity set out in Appendix 3, resolving any disputes about the recognition of your qualifications, skills and experience, resolving any harassment complaints and enforcing compliance with the Agreement. The Ministry may also use your personal information to evaluate the Agreement and for statistical analysis and policy development. The Ministry administers the Agreement under the authority of the Trades Qualification and Apprenticeship Act, 1998 and the Apprenticeship and Certification Act, 1998.

Questions about the collection of this information may be addressed to the Director, Workplace Training Branch, 17<sup>th</sup> Floor, Mowat Block, 900 Bay Street, Toronto, ON M7A 1L2. Telephone 416-326-5605.

**PLEASE PRINT**

Social Insurance number			
<b>Surname</b>			
First name			Middle Initial
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Year      Month      Day		Telephone number
Mailing address (Street number and name)			Apt #
City / Town		Province	Postal code
<b>Trade Name</b>		Trade Code (if applicable)	
<b>Trade Activity Name:</b>			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
<b>Current employer</b> (Name of company) <i>for whom a TAC is required</i>			
<b>Employed</b>	<b>FROM</b>	<b>TO</b>	Telephone number
▶	Year      Month	Year      Month	-      -      -
Address of Employer (Street number and name)		City/Town	Province      Postal code
<b>Previous employers</b> ( <i>Insert trade related experience only</i> )			
Business name	Type of work	<b>FROM</b>	<b>Employed</b> <b>TO</b>
	▶	Year      Month	Year      Month
Business name	Type of work	<b>FROM</b>	<b>TO</b>
	▶	Year      Month	Year      Month

**I declare that the letter from my current employer and the Attestation of Competencies submitted with this application are true and accurate.**

\_\_\_\_\_      \_\_\_\_\_      Providing false information may result in cancellation of any application.  
 Signature of Applicant      Date

<b>For Office Use Only</b>		
<input type="checkbox"/> Letter of Confirmation Issued	<input type="checkbox"/> Proof of experience attached	<input type="checkbox"/> Attestation of Competence attached
<input checked="" type="checkbox"/> _____	_____	_____
Ministry Staff signature	Date	Staff code