

Contractors Certification Certificate Application Form

Type of Application

| | |
|---|--|
| <input type="checkbox"/> Issuing of new License <input type="checkbox"/> Modification of License: License or File #: <input type="checkbox"/> Renewal of License | Do not mark in this box, For KTCP use only: <input type="checkbox"/> Approved Date: <input type="checkbox"/> Not Approved Reason: Authorized Evaluator: |
|---|--|

Business Information

| | |
|--|---------------------|
| Name of Business: | Name of Owner(s): |
| Other name of Business: | |
| Do you have a Quebec NEQ number? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, NEQ number: |
| Do you have a Quebec RBQ number? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, RBQ number: |

Address 1:

| | | | |
|---------------------------|-----------------------|-------|--|
| P.O. Box: | Reserve or Territory: | | |
| Province: | Postal Code: | | |
| Phone: | Fax: | Cell: | |
| Email address (optional): | | | |

Address 2 (Civic):

| | | | |
|------------------------------|--------------|-------------|--|
| Address (number and street) | | | |
| Reserve, Territory or City: | | Lot Number: | |
| Province: | Postal Code: | | |
| Phone: | Fax: | Cell: | |
| Email address (optional): | | | |

Main Contact Person:

| | | | |
|---|------|------------------|-------|
| Name: | | | |
| Address: (number, street, P.O. Box or lot number) | | | |
| Territory or City: | | | |
| Province/State: | | Postal/zip code: | |
| Phone: | Ext: | Fax: | Cell: |
| Email (optional): | | | |

Primary Nature of Business:

| | |
|---|---|
| <input type="checkbox"/> General contractor | <input type="checkbox"/> Sub-contractor |
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Indicate Sub-contractor Class(es):

| | |
|---|---|
| <input type="checkbox"/> Bricklayer/stonemason | <input type="checkbox"/> Ironworks |
| <input type="checkbox"/> Cement and concrete finisher | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Excavation | <input checked="" type="checkbox"/> Other (indicate): |

Guarantor Information

| | |
|--------------------------------|--|
| Is applicant owner of company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Guarantor Name (if not owner): | |
| Address of Applicant: | |
| Territory or City: | |
| Province/State: | Postal code/zip code: |
| Phone: | Cell: |
| Email (optional): | |

Education:

| Education | Name of School | Years Attended | Graduated or Completed |
|---------------------------------|----------------|----------------|--|
| High School Diploma | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High School Leaving Certificate | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Highest Grade Completed | | | |

Qualifications of Guarantor

| | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Examination | <input type="checkbox"/> Professional file | <input type="checkbox"/> Skills already recognized |
| <input type="checkbox"/> Project management | <input type="checkbox"/> Examination | <input type="checkbox"/> Professional file | <input type="checkbox"/> Skills already recognized |
| <input type="checkbox"/> Site management | <input type="checkbox"/> Examination | <input type="checkbox"/> Professional file | <input type="checkbox"/> Skills already recognized |
| <input type="checkbox"/> Construction Worker | <input type="checkbox"/> Examination | <input type="checkbox"/> Professional file | <input type="checkbox"/> Skills already recognized |
| <input type="checkbox"/> Safety management | <input type="checkbox"/> Examination | <input type="checkbox"/> Professional file | <input type="checkbox"/> Skills already recognized |

Supporting Documentation

| | |
|---|--|
| Letter from MCK affirming business is physically located in Kahnawà:ke. (Mandatory) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Private contract(s) letter of support. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Copy of Quebec RBQ license. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other documentation provided. (Please list) | |

Examination

Examinations may be taken upon submission of all required documentation.

Safety:

| | |
|---|---|
| Have you completed a course in Construction Safety? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, which training course? | <input type="checkbox"/> KDOSH 30 Hour <input type="checkbox"/> OSHA 10 or 30 <input type="checkbox"/> Quebec ASP 30 <input type="checkbox"/> Other |
| Have you included a copy of Course Completion Certificate or Wallet Card? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Company History

| | | |
|--|--|------------------------------------|
| Is this a new business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, how many years in business? |
| Has company ever done work on MCK funded or assisted projects? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Reminder: Do you have the supporting documents attached?

I declare that the information appearing is correct and accurate and thereby **authorize** the **Kahnawà:ke Labor Competency Division (KLCD)** to contact all concerned organizations in order to establish the **authenticity of the documents I have provided, including diplomas, certificates, grades statement, licenses or any other document required by the KLCD** and submitted for purposes of admission to pass an examination and obtaining the issuance of a contractor certificate. I also understand that upon approval I am subject to a fee of \$100.00 dollar for the certificate which is subject to renewal every (5) five years. **Please make cheque payable to Mohawk Council of Kahnawake. Payment can be made at MCK cashier.**

Signature: _____ Date: _____

Revised: October 2016